

SECRET

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 025708		2. NAME (Last-First-Middle) WILCOX JAMES B. JR				21 Apr 66	
3. NATURE OF PERSONNEL ACTION RESIGNATION *				4. EFFECTIVE DATE REQUESTED MONTH 04 DAY 15 YEAR 66		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGE 6135 1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDF/AH USFIELD WH/C JMWAVE DHP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH				10. LOCATION OF OFFICIAL STATION JMWAVE			
11. POSITION TITLE FISCAL ACCT ASST				12. POSITION NUMBER 1369		13. CAREER SERVICE DESIGNATION SF	
14. CLASSIFICATION SCHEDULE (GS, L, R, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 4		17. SALARY OR RATE \$ 6890.	
18. REMARKS * Staff Employee Special Subject is re-employable Resignation Memo Attached							
19A. SIGNATURE OF REQUESTING OFFICIAL Robert D. Gashman, Staff/Pers				DATE SIGNED 22 April		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Lead, Career Service	
19C. SIGNATURE OF CAREER SERVICE APPROVING OFFICER							
DATE SIGNED							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE 45	20 EMPLOY CODE 10	21 OFFICE CODING MULTI-ALPHABETIC	22 STATION CODE	23 INTEGRITY CODE	24 MONTHS 209	25 DATE OF BIRTH 12/13/	26 DATE OF GRADE MO. DA. YR.
27 DATE OF LEI MO. DA. YR.	28 NTE EXPIRES MO. DA. YR.	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-CK 2-PER 3-NONE	31 SEPARATION DATA CODE 1.60.00.15	32 CORRECTION CANCELLATION DATA TYPE MO. DA. YR.	33 SECURITY REQ NO.	34 SEX
35 VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36 SERV COMP DATE MO. DA. YR.	37 LONG COMP. DATE MO. DA. YR.	38 CAREER CATEGORY CAR RESY PROV. TEMP	39 FEGLI HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES	40 SOCIAL SECURITY NO.		
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42 LEAVE CAT. CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS	
45 POSITION CONTROL CERTIFICATION 0501.03 N				46 OF APPROVAL L. G. Z...		DATE APPROVED 5/16/66	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

14.

SECRET

EMPLOYEE NOTICE OF RESIGNATION

RESIGN EFFECTIVE

15 MAR 66
(Date)

FOR THE FOLLOWING REASON:

OCCASIONAL

MAY 9 10 10 AM '66

MAIL ROOM

MY LAST WORKING DAY WILL BE—

DATE SIGNED

SIGNATURE OF EMPLOYEE

RECEIVED MIMO

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

INSTRUCTIONS

Items 1 thru 7
and
Items 9 thru 18aThe initiating office should fill in each of the referenced items. Items 1 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and *NOT* to the current status of the employee unless specific items remain unchanged.

Item 5 — "Category of Employment" should show one of the following entries:

Regular

Semmer

WAE

Part Time

Detail Out

Consultant

Temporary

Detail In

Military

Temporary-Part Time

Item 9 — "Organizational Designations" should show *all* levels of organization pertinent to identifying the location of the position:

FIRST LINE

Major Component (Director, Deputy Director, etc.)
Office, Major Staff, etc.

Foreign Field or U.S. Field (if pertinent)

Division or Staff (subordinate to first line)

Branch

Section

Unit

Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

Item 18b — Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the *gaining Career Service* should approve and the other Career Service should concur in Item 18, Remarks.

ROUTING— The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.

SECRET

SECRET

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 025793				2. NAME (Last-First-Middle) WILCOTT, James B., Jr.	
3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT * <i>62200</i>			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 12 1965		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V C TO V			7. COST CENTER NO. CHARGE 6135-1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS ITP/WH U.S. Field WH/C JMWAVE Deputy Chief of Station for Operational Support Finance Branch			10. LOCATION OF OFFICIAL STATION JMWAVE		
11. POSITION TITLE FISCAL ACCT. ASST. (SF)			12. POSITION NUMBER 1369		13. CAREER SERVICE DESIGNATION SF
14. CLASSIFICATION SCHEDULE (G.S. I.B. etc.) GS (07)		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 (4)	
17. SALARY OR RATE \$ 6890		18. REMARKS *Staff Employee Special. #109301			
19A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/Pers.		DATE SIGNED 12/15/65		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature] 12/16/65	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 13	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 51550 WH	22. STATION CODE 99999	23. INTEGRITY CODE	24. MOD/IS CODE 0929/31
25. DATE OF BIRTH MO DA YR 09/15/63	26. DATE OF GRADE MO DA YR 09/13/64	27. DATE OF LST MO DA YR 09/13/64	28. SECURITY REQ NO. EOD DATA		
29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ESC 2-FICA 3-WAGE	31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA TYPE MO DA YR	33. SECURITY REQ NO.	34. SEX M/F
35. VET PREFERENCE CODE 1 0-None 1-5 PT 2-10 PT	36. SERV COMP. DATE MO DA YR 06/26/53	37. LONG COMP DATE MO DA YR 04/57	38. CAREER CATEGORY CODE 1 LAW RESV PROV TEAP	39. LEGAL/HEALTH INSURANCE CODE 1 0-WAIVER 1-YES	40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42. LEAVE CAT CODE 6	43. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO	44. STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO	45. POSITION CONTROL CERTIFICATION 12-2065 H	
46. APPROVAL [Signature] 11/17/65				DATE APPROVED 11/17/65	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET

(If box filled in)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 025798						2. NAME (Last-First-Middle) Hickell, James B. Jr.	
3. NATURE OF PERSONNEL ACTION RESIGNATION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 18 65		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V C TO V X C TO C		7. COST CENTER NO. CHANGE 6135-1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DPP/WH U.S. Field WH/C JMWAVE Deputy Chief of Station for Operational Support Finance Branch				10. LOCATION OF OFFICIAL STATION JMWAVE			
11. POSITION TITLE FISCAL ACCT. ASST.				12. POSITION NUMBER 1369		13. CAREER SERVICE DESIGNATION SP	
14. CLASSIFICATION SCHEDULE (GS, LA, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 (4)		17. SALARY OR RATE \$ 6990	
18. REMARKS							
18A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/Pers.				DATE SIGNED 11/18/65		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]	
DATE SIGNED 11/18/65				DATE SIGNED 11/18/65			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 72/10		20. EMPLOY CODE		21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	
23. INTEGRITY CODE		24. HOURS CODE		25. DATE OF BIRTH MO DA YR 09 27 31		26. DATE OF GRADE MO DA YR	
27. DATE OF LEI MO DA YR		28. DATE OF LEI MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1-CSE 2-FICA 3-NONE	
31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA		33. SECURITY REQ. NO		34. SEX	
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY CODE 1-YES 2-NO	
39. FEDERAL HEALTH INSURANCE CODE 0-DRIVER 1-YES		40. SOCIAL SECURITY NO		41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE	
43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO		44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO		45. NO TAX EXEMP.		46. STATE CODE	
43. POSITION CONTROL CERTIFICATION 12-20-65 TV				46. O.P. APPROVAL Joseph B. Hickell		DATE APPROVED 11/18/65	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

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SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 15 April 1965	
1. SERIAL NUMBER 025798		2. NAME (Last-First-Middle) Shelton, James B					
3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 25 65		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V C TO V		V TO C C TO C		7. COST CENTER NO. CHARGE 5135-1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS ESP/Special Affairs Staff U.S. Field Forward Operations Station - JMWAVE Deputy for Support Finance Branch				10. LOCATION OF OFFICIAL STATION JMWAVE			
11. POSITION TITLE FISCAL ACCT. ASST.				12. POSITION NUMBER 1090		13. CAREER SERVICE DESIGNATION SE	
14. CLASSIFICATION SCHEDULE (GS, F, R, etc.) GS		15. OCCUPATIONAL SERIES 0001.03		16. GRADE AND STEP 07 (E)		17. SALARY OR RATE \$ 6650	
18. REMARKS Subject replacing Wm. C. JUCENTUAL, rotating to Headquarters later part of May 1965. C-03-60 OVERLAP 1 of 2 roll 151/65 Concur: [Signature] 4/16/65 [Signature] 4/16/65 [Signature] 4/16/65							
18A. SIGNATURE OF REQUESTING OFFICIAL [Signature]				DATE SIGNED 15/4/65		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]	
DATE SIGNED 15/4/65				DATE SIGNED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 13	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC 4460	22. STATION CODE ALPHABETIC SAS	23. INTEGRITY CODE 99999	24. HQ/RTS CODE 2	25. DATE OF BIRTH MO DA YR 09 27 31	26. DATE OF GRADE MO DA YR 09 15 63
27. DATE OF LEI MO DA YR 09 13 64	28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE 1-EX 2-FLA 3-WDS	30. RETIREMENT DATA CODE 1	31. SEPARATION DATA CODE TYPE 1	32. CORRECTION-CANCELLATION DATA MO DA YR	33. SECURITY REQ NO 00000	34. SER M1
35. VET PREFERENCE CODE 1	36. SERV. COMP DATE MO DA YR 06 26 63	37. LONG COMP DATE MO DA YR 09 04 57	38. CAREER CATEGORY CAR. RESY PROG. TEMP C	39. FEGLI HEALTH INSURANCE CODE 1	40. SOCIAL SECURITY NO		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1				42. LEAVE CAT CODE 6		43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO 0 0	
44. STATE TAX DATA CODE 1				45. OF APPROVAL Joseph B. Rogers		DATE APPROVED 20 APR 1965	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

SECRET

(When Filled In)

15
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DLB: 27 APR 65

DEF NOTIFICATION OF PERSONNEL ACTION					
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)			
025798		WILCOTT JAMES B JR			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT
RESIGNATION			NO. DA TO 04 24 65		REGULAR
6. FUNDS	X	V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE	
		CF TO V	CF TO CF		
				8. CSC OR OTHER LEGAL AUTHORITY	
				3277 0003 0000	
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE			12. POSITION NUMBER		13. SERVICE DESIGNATION
FINANCE ASSISTANT			0470		SF
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		17. SALARY OR RATE	
03		0310.18		6850	
16. GRADE AND STEP					
07 4					
18. REMARKS					
SIGNATURE OR OTHER AUTHENTICATION					

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								15 September 1964	
025798		WILCOTT, James Bernard, Jr.									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT				
Reassignment & Transfer to Vouchered Funds					MONTH DAY YEAR 10 11 64		Regular				
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
X CF TO V				CF TO CF		5277-0003					
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDS OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section					Washington, D. C.						
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
Finance Assistant (7)					6470		SF				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0510.16		07/4		\$ 6650				
18. REMARKS											
<p>From: FE/Tokyo</p> <p>Security Approval Granted by Pers. SD/OS 9/21/64</p> <p>CONCUR: <i>[Signature]</i> 10/1/64</p> <p><i>[Signature]</i> FE/Personnel</p> <p><i>[Signature]</i> lcc - Sec</p> <p><i>[Signature]</i> lcc - Payroll w/ Forms W-4 and</p>											
18a. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
Acting Chief, C&T Division						<i>[Signature]</i> Admin. Officer - Finance					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. SERVICE CODING		22. STATION CODE	23. INTERSEE CODE	24. MOOTPS CODE	25. DATE OF BIRTH	26. DATE OF DEATH	27. DATE OF LEI		
16	16	12-00	FSC 2-0B			1	09/27/31				
28. DATE EXPIRES		29. SPECIAL RESERVE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	
								EOD DATA			
34. VET. PREFERENCE		35. SERA. COMP. DATE		36. LIND. COMP. DATE		37. CAREER CATEGORY		38. REQ. / HEALTH INSURANCE		39. SOCIAL SECURITY NO.	
CODE		NO. DA. YR.		NO. DA. YR.		CAR/RESU PROV/TEMP		CODE CODE		CODE	
0 - NONE								0 - NO VET 1 - YES			
1 - 5 PY.											
2 - 10 PY.											
40. PREVIOUS GOVERNMENT SERVICE DATA				41. FEDERAL TAX DATA				42. STATE TAX DATA			
CODE				CODE				CODE			
0 - NO PREVIOUS SERVICE				FORM PREVIOUS CODE				FORM PREVIOUS CODE			
1 - NO BREAK IN SERVICE				1 - YES				1 - YES			
2 - BREAK IN SERV. 25 YEARS OR MORE				2 - NO				2 - NO			
3 - BREAK IN SERV. 25 YEARS OR MORE											
43. POSITION CONTROL CERTIFICATION						44. O.P. APPROVAL			DATE APPROVED		
From FE <i>[Signature]</i>						<i>[Signature]</i> Michael Carls			10 Oct 64		

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 025798				2. NAME (Last-First-Middle) WILCOTT, JAMES F., JR.	
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH 09 DAY 15 YEAR 63		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS		V TO V CF TO V	V TO CF XEROX TO CF	7. COST CENTER NO. CHARGE-ABLE 4137-7351-1000	8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP FE FE/JKO - TOKYO STATION FE/JKO - TOKYO STATION SUPPORT STAFF			10. LOCATION OF OFFICIAL STATION TOKYO, JAPAN		
11. POSITION TITLE FISCAL ACCT ASST			12. POSITION NUMBER 3167		13. CAREER SERVICE DESIGNATION SF
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03	16. GRADE AND STEP 07 03		17. SALARY OR RATE 5,910
18. REMARKS FROM: GS- 6 step 4 FOR FURTHER INFO, CALL X5271					
18A. SIGNATURE OF REQUESTING OFFICIAL LEE AUSTIN, CFE/PERSONNEL			DATE SIGNED 05 SEP 63		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Admin. Officer, O/Comptroller
					DATE SIGNED 9/11/63
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 45370FE	22. STATION CODE 3877	23. INTEREST CODE 3	24. MONTHS 09/27/31
25. DATE OF BIRTH MO DA YR 09 27 31	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR	28. DATE EXPIRES MO DA YR		
29. SPECIAL REFERENCE 1 - CEC 3 - FICA 5 - NONE		30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. SECURITY REQ. NO.
34. VET. PREFERENCE CODE 0 - NONE 1 - 5 YR. 2 - 10 YR.		35. SERV. COMP. DATE MO DA YR	36. LONG. COMP. DATE MO DA YR	37. CAREER CATEGORY CODE	38. REG. 1 / HEALTH INSURANCE CODE 0 - OTHER 1 - YES
39. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		40. LEAVE CAT. CODE	41. FEDERAL TAX DATA FORM EXECUTED CODE MO. YR. EXEMPT. YES		42. STATE TAX DATA FORM EXECUTED CODE MO. YR. EXEMPT. YES
43. POSITION CONTROL CERTIFICATION W. Kearney 09/13/63			44. O.P. APPROVAL Michael Landy 13 SEP 63		DATE APPROVED

FORM 1152 OBSOLETE PREVIOUS EDITIONS
4.62 AND FORM 1152A.

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 025798						13 October 1961	
2. NAME (Last-First-Middle) Wilcott, James H., Jr.							
3. NATURE OF PERSONNEL ACTION Promotion				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 12 61		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS		7. COST CENTER NO. CHARGEABLE 2137-7351-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDF/FE FE/JAO - Tokyo Station Support Staff-TOKYO		10. LOCATION OF OFFICIAL STATION Tokyo, Japan					
11. POSITION TITLE Fiscal Acct Asst				12. POSITION NUMBER 3167		13. CAREER SERVICE DESIGNATION SF	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 6 4		17. SALARY OR RATE 5,325	
18. REMARKS Promotion from GS-5, Step 5 to GS-6, Step 4							
19A. SIGNATURE OF REQUESTING OFFICIAL K. L. Shobe, JEE, FDS				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL E. R. SAUNDERS, Comptroller	
DATE SIGNED				19C. DATE SIGNED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION NO. EMPLOY. CODE 22 10		20. DATE OF BIRTH MONTH DAY YEAR 09 12 13		21. DATE OF GRADE MONTH DAY YEAR 11 12 61		22. DATE OF LEI MONTH DAY YEAR 11 12 61	
23. RETIREMENT DATA 1 - YES 2 - NO		24. SEPARATION DATA 1 - YES 2 - NO		25. CORRECTION/CANCELLATION DATA 1 - YES 2 - NO		26. SECURITY REQ. NO.	
27. VET. PREFERENCE 0 - NONE 1 - 5 PT 2 - 10 PT		28. LONG. COMP. DATE MONTH DAY YEAR		29. HEALTH INSURANCE 0 - NO-VER 1 - YES		30. SOCIAL SECURITY NO.	
31. PREVIOUS GOVERNMENT SERV. DATA 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 12 MOS 3 - BREAK IN SERVICE MORE THAN 12 MOS		32. LEAVE DATA CODE		33. FEDERAL TAX DATA FORM EMPLOYED 1 - YES 2 - NO		34. STATE TAX DATA FORM EMPLOYED 1 - YES 2 - NO	
35. POSITION CONTROL CERTIFICATION Kearney 11/02/61				36. O.P. APPROVAL D. V. Mulcahy, MRS		37. DATE APPROVED 11/3/61	



APPROVED 12/11/60

SECRET

APPLICATION FOR MEMBERSHIP
in the CAREER STAFF of the
CENTRAL INTELLIGENCE AGENCY

To the Director of Central Intelligence

Sir:

I submit herewith my application for membership in the Career Staff of the Central Intelligence Agency as defined below:

"The Career Staff of the Central Intelligence Agency is a group of carefully selected and trained individuals who accept an obligation to devote themselves to the needs of the Agency, and who intend to make a career with the Agency."

In accordance with this definition, I desire to devote myself to the faithful performance of duty in the Central Intelligence Agency, and I accept the obligations and conditions of that service which are determined to be essential to the furtherance of its mission.

I am aware of the many restrictions necessarily placed upon me by virtue of the security requirements inherent in my employment by the Central Intelligence Agency. I am also aware that as a member of the Career Staff, it will be my obligation to serve anywhere and at any time and for any kind of duty as determined by the needs of the Agency, and I have been assured that in order to carry out this policy, full consideration will be given to my particular capabilities, interests, and personal circumstances. By virtue of this application for membership and upon my acceptance in the Career Staff, I am assured that, with continuing satisfactory work performance and conduct on my part, just and equitable attention will be accorded my personal progress during my tenure in the Career Staff. I am also assured that, on my satisfactory completion of any assignments, I will be offered reassignments which are compatible insofar as possible with my abilities and career interests, and that I shall be entitled to the benefits now available or to be made available in the future to members of the Career Staff of the Central Intelligence Agency.

MEMBERSHIP IN THE CAREER STAFF OF
THE CENTRAL INTELLIGENCE AGENCY
APPROVED, TO TAKE EFFECT 4 MAR 1960

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE:
EXECUTIVE DIRECTOR
THE CIA SELECTION BOARD

James D. Wilcott Jr
(Signature)

12/11/60
(Date)

Daniel C. Knapp

SECRET

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS: EOD
	Wilcott, James E., Jr.	Mo. Da. Yr. 09 27 31	None-0 5 Pt-1 10 Pt-2	Code 1	Mo. Da. Yr.
7. SEC	8. CSC Recd.	9. CSC Or Other Legal Authority	10. Appt. Affd. Yr.	11. FEGLI	12. LCD
Mo. Da. Yr.	Yes-1 No-2	Code	Mo. Da. Yr.	Yes-1 No-2	Code

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DIS/Office of the Comptroller Finance Div. Accounts Branch Accounting Control Section Accts Receivable and Payable Unit		Wash., D.C.	
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
Dept. - Field USIA - Fgn -	Fiscal Acct Clk	0506	GS 0501.01
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade 25. PSI Due
05 3	\$ 431.0	SF	Mo. Da. Yr. 9 12 57 Mo. Da. Yr. 9 1 8 60
		26. Appropriation Number	
		0263 1010	

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code 30. Separation Data
Reassignment + T to C.F.	16	Mo. Da. Yr. 05 15 60	Regular	11

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP/FE FE/JAO - Tokyo Station Support Staff - Tokyo	171	Tokyo, Japan	37587
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series
Dept. - Field USIA - Fgn -	Fiscal Acct Asst	3167	GS 0501.03
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade 42. PSI Due
	\$		Mo. Da. Yr. Mo. Da. Yr.
		43. Appropriation Number	
		0137 7351 3000	

SOURCE OF REQUEST

A. Requested By (Name And Title)	C. Request Approved By (Signature And Title)
Robert E. Kendig, CFF/JAO	Robert D. Cashman, CFF/Personnel
B. For Additional Information Call (Name & Telephone Ext.)	
Moselle Little, X2957	

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Post Control		2-23-60	E		
C. Classification			F. Approved By	Johnnie M. H. Hays	
Remarks					
2 copies to Security. Please transfer from vouchered to unvouchered funds as of 15 May 1960. Subject to replace Robert Weber, who is returning to 21 June 1960.					

REQUEST FOR PERSONNEL ACTION															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD		
125798		WILCOTT JAMES B JR.				Mo. Da. Yr. 09 27 31			None-0 5 Pt-1 10 Pt-2		Code 1 M 1		Mo. Da. Yr. 03 04 57		
7. SCD		8. CSC Reint.		9. CSC Or Other Legal Authority		10. Appt. Allidav.			11. FEGLI		12. LCD		13. Min. Serv. Credit, Etc.		
Mo. Da. Yr. 06 26 53		Yes-1 No-2		Code 1 50 USCA 403		Mo. Da. Yr. 09 27 31			Yes-1 No-2		Code 03 04 57		Yes-1 No-2		

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept. - USHD - Frgn -		Code 2 TIME LV PAY CLK		0305002		GS		0544.01			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 11		\$ 4190		SF		Mo. Da. Yr. 09 12 57		Mo. Da. Yr. 09 21 58		9-6300-20-004	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment		56		ASAP		Regular		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				3803		Wash., DC				75013	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept. - X USHD - Frgn -		Code 2 Finance Assistant		470				0510.14			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/2		\$ 4190.00		SF		Mo. Da. Yr. 7 12 57		Mo. Da. Yr. 9 12 58		9-6300-20-004	

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
R. E. ROMAC, Acting Chief, Finance Division		<i>[Signature]</i> Comptroller	
B. For Additional Information Call (Name & Telephone Ext.)			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		20 1953	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	3/20/57

Remarks

For slotting purposes only

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vac. Ref.	5. Sex	6. GS - LCB
105749	WILCOIT JAMES E JR	Mo. Da. Yr. 01 07 31	None-0 5 Pt-1 10 Pt-2	M	Mo. Da. Yr. 05 04 57
7. SCD	8. CSC Form	9. CSC Or Other Legal Authority	10. Apmt. Affidav	11. FEGLI	12. LCB
Mo. Da. Yr. 05 05 57	Yes-1 No-2	Code	Mo. Da. Yr. 05 05 57	Yes-1 No-2	Code

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DOS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCT. SECTION	3803	WASH., D. C.	75013
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
Dept. - USHD - Frgn -	Code	051103	0510.15
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade
05 1	\$ 3670	SP	Mo. Da. Yr. 09 12 57
			25. PSI Due
			Mo. Da. Yr. 09 12 57
			26. Appropriation Number
			8-6304-20

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Date
Reassignment	56	ASAP	Regular	01	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DOS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Staff Employees Accounts Section	3803	Wash., DC	
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series
Dept. - USHD - Frgn -	Code	0305.02	0544.01
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade
5/1	\$3670.00	SP	Mo. Da. Yr. 09 12 57
			42. PSI Due
			Mo. Da. Yr. 09 12 57
			43. Appropriation Number
			8-6304-20

SOURCE OF REQUEST

A. Requested By (Name & Title)	C. Request Approved By (Signature And Title)
R. E. WOMAC, Deputy Chief, Finance Division	<i>[Signature]</i> Acting Comptroller
B. For Additional Information Call (Name & Telephone Ext.)	

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		16 APR 1958	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	4/16/58
Remarks					

Classify According
To Content.

REQUEST FOR PERSONNEL ACTION																	
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS - EOD				
		WILCOTT, James B., Jr.				Mo	Da	Yr	None-0	Code	M		Mo	Da	Yr		
						9	27	31	5 Pr-1								
7. SCD		8. CSC Rmt		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. Biller Code				
Mo	Da	Yr	Yes - 1	Code			Mo	Da	Yr	Yes - 1	Code	Mo	Da	Yr			
			No - 2							No - 2							

PREVIOUS ASSIGNMENT

14. Organisational Designations				Code		15. Location Of Official Station				Station Code	
DDG/Office of the Comptroller Fiscal Division Accounts Branch Allotment Ledger Section						Wash., DC					
16. Dept. Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept. XX	Code	Fiscal Acct Clk		30.01				0501.04			
Unfld.											
Fragn.											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
5/1		\$ 3670.00		SF		Mo Da Yr		Mo Da Yr		8-6303-20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
Reassignment		56		Mo Da Yr ASAP 2/23/58		Regular		01			

PRESENT ASSIGNMENT

31. Organisational Designations				Code		32. Location Of Official Station				Station Code	
DDG/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				3805		Wash., DC				75013	
33. Dept. Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept. XX	Code	Finance Assistant		521.03				0510.14			
Unfld.											
Fragn.											
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/1		\$ 3670.00		SF		Mo Da Yr 09/22/57		Mo Da Yr 09/21/57		8-6304-20	

SOURCE OF REQUEST

A. Requested by (Name And Title)		C. Request Approved By (Signature And Title)	
R. E. WOMAC, Deputy Chief, Finance Division		Comptroller	
B. For Additional Information Call (Name & Telephone Ext.)			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control	gno	2/14/58	E.		
C. Classification			F. Approved By	R. E. WOMAC	2/14/58
Remarks Subject will replace Mr. Robert U. LaRoss who is processing for an o/s assignment.					

Classify According
To Content.

REQUEST FOR PERSONNEL ACTION												VOUCHERED 12 September 1957		
1. Serial No.		2. Name (Last-First-Middle) WILCOTT, James B.				3. Date Of Birth Mo Da Yr 9 27 31			4. Var. Prof. None-0 5 Pt-1 10 Pt-2 1		5. Sex M		6. CS - EOD Mo Da Yr	
7. SCD Mo Da Yr		8. CSC Reim. Yes - 1 No - 2		9. CSC Or Other Legal Authority		10. Appt Affidav. Mo Da Yr			11. FEGLI Yes - 1 No - 2		12. LCD Mo Da Yr		13. M. Serv. Code Yes - 1 No - 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section				Code		15. Location Of Official Station Washington, D. C.				Station Code			
16. Dept. Field Dept - X Usld - Fran -		Code M		17. Position Title Fiscal Acct. Clk				18. Position No. 30.01		19. Serv.		20. Occup. Series GS-0501.04-4	
21. Grade & Step GS-4 1		22. Salary Or Rate \$ 3415		23. SD SF		24. Date Of Grade Mo Da Yr		25. PSI Due Mo Da Yr		26. Appropriation Number 8-6303-20			

ACTION

27. Nature Of Action PROMOTION		Code		28. Eff. Date Mo Da Yr 29 SEP 1957		29. Type Of Employee Regular		Code		30. Separation Data	
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PRESENT ASSIGNMENT

31. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section				Code		32. Location Of Official Station Washington, D. C.				Station Code			
33. Dept. Field Dept - X Usld - Fran -		Code M		34. Position Title Fiscal Acct Clk				35. Position No. 30.01		36. Serv.		37. Occup. Series GS-0501.04-5	
38. Grade & Step GS-5 1		39. Salary Or Rate \$ 3670		40. SD SF		41. Date Of Grade Mo Da Yr 9 12 58		42. PSI Due Mo Da Yr		43. Appropriation Number 8-6303-20			

SOURCE OF REQUEST

A. Requested By (Name And Title) D.W. Corrick, Chief, Fiscal Division		C. Request Approved By (Signature And Title) <i>[Signature]</i> Comptroller	
B. For Additional Information Call (Name & Telephone Ext.) Ruby Johnson x 4445			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		9/14/57	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	9/12/57
Remarks					

STANDARD FORM 52
PROVIDED BY THE
U. S. CIVIL SERVICE COMMISSION
JANUARY 1955 - PERSONNEL PERSONNEL
BUREAU, OFFICE OF

REQUEST FOR PERSONNEL ACTION

EC-9 Nov. 1956

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Mrs., Miss, etc. - One given name, initial(s), and surname) <i>Mr. James B. Wilcott, Jr.</i>	2. DATE OF BIRTH <i>27 Sept. 1931</i>	3. REQUEST NO. <i>C-5481 RC-135</i>	4. DATE OF REQUEST <i>28 June 1956</i>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <i>Excepted Appointment</i>		6. EFFECTIVE DATE A. PROPOSED: <i>ASAP</i>	7. C.S. OR OTHER LEGAL AUTHORITY <i>50 USC A 403j</i>
8. POSITION (Specify whether establish, change grade or title, etc.) <i>13</i>		9. APPROVED: <i>4 March 1957</i>	

FROM -	10. POSITION TITLE AND NUMBER	TO -	<i>Fiscal Acct Clk M 30.01-4</i>
	11. SERVICE, GRADE, AND SALARY		<i>GS-0501.04-4 \$3415 pa</i>
	12. ORGANIZATIONAL DESIGNATIONS		<i>DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section Washington, D. C.</i>
	13. HEADQUARTERS		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	14. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<i>7</i>

A. REMARKS (Use reverse if necessary)

This action cancels Recruitment Request submitted under date of 25 June 1956

Personnel Folder is attached

B. REQUESTED BY (Name and title) <i>D. W. Corrick, Chief, Fiscal Division</i>	D. REQUEST APPROVED BY Signature: <i>R. H. Fuchs</i> Title: <i>Acting Comptroller</i>
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <i>Ruby Johnson x 4445</i>	

13. VETERAN PREFERENCE	14. POSITION CLASSIFICATION ACTION
NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> <i>X</i>	NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> <i>SD/SF</i>

15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> W	16. RACE <input type="checkbox"/> FROM: <i>6-6303-20</i>	17. APPROPRIATION	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <i>yes</i>	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) <i>4 March 57</i>	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <i>SD</i>
--	--	-------------------	---	---	---

21. STANDARD FORM 50 REMARKS

OFFICE/DIVISION WITHIN CEILING
27 NOV 1956
Date *BAB*
Position Gen. Clk.

*@ suby. to med.
@ suby. to trial period
RC-135
DOG: 03/04/57*

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.	<i>TH</i>	<i>9 JUL 1956</i>	<i>CSEOD: 03/04/57 LCD: 03/04/57 SCD: 06/26/53 PSE Due: 03/09/58</i>
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.	<i>TH</i>	<i>7/11</i>	
E.			

F. APPROVED BY
Robert E. Thacklin *Ernest J. Hardt*

CONFIDENTIAL
(When Filled In)

REPORT OF INTERVIEW		1. DATE OF INTERVIEW 10 April 1956	2. PLACE Syracuse, New York
3. PREVIOUS APPLICATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. INTERVIEWER Neil F. Doherty		5. REFERRED BY ---
6. TYPE OF PRINT IN CAPS LAST NAME WILCOTT,	FIRST NAME JAMES	MIDDLE NAME B.	
7. PERMANENT ADDRESS 400 James Street, Syracuse, New York			TELEPHONE none
8. BUSINESS ADDRESS ---			TELEPHONE ---
9. TEMPORARY ADDRESS ---			TELEPHONE ---
10. DATE OF BIRTH 27 Sept. 1931	12. CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> OTHER (Specify country)		
11. PLACE OF BIRTH Cleveland, Ohio	U.S. CITIZENSHIP ACQUIRED BY <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION		IF NATURALIZED INDICATE DATE
13. <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW (ERS) <input type="checkbox"/> DIVORCED	14. NO. OF DEPEND. (Excluding wife) 0		
15. FOREIGN RELATIVES, INCLUDING WIFE (Reg. 10-9) N A			
16. EDUCATION (Schools, degrees, dates, majors, thesis title, grade average or class standing, extra-curricular activities, etc.) Polana Central High - left at end of first year (1948) GED (Army) Equivalency diploma 1951 Feb. '53 - May '54 - Utica College of Syracuse University, Utica, N.Y. - Physics major - left when his marks were getting too low - working also. Feb. '55 - Present - Central Business School, Syracuse, New York - Accounting course - all A's and B's except 2 C's. (Can end course in Fall or continue)			
17. MAJOR EMPLOYMENT HISTORY (Employers, positions, duties, salaries, reasons for leaving) August '52 - Dec. '52 - Esso Tower Station, Genesee St., Utica, N.Y. - Gas attendant - \$45 per wk - laid off due to slow business. Dec. '52 - Feb. '53 - Chicago Pneumatic Tool Co., Utica, N.Y. - Engine lathe operator - \$50 per wk. was an unskilled job with no future. May '54 - Sept. '54 - Toboggan Inn, Eagle Bay, N.Y. - Handyman - \$60 wk, plus room and board - summer job. Sept. '54 - Dec. '54 - Century Metal Craft Cork, Syracuse, N.Y., Cookware salesman - \$60 wk. - did not make out as a salesman.			
18. MILITARY EXPERIENCE (Branch, serial no., stations, training duties, command responsibilities, rank held, reserve status, current proficiency and interest). INCLUDE ALSO DRAFT, ACTIVE MILITARY OR RETIRED STATUS. Dec. '48 - August. '52 - U.S. Army Electrician and generator operator (MOS 3166 - Cpl. liked the work and was considered fairly good at it.			

CONFIDENTIAL
(When Filled In)

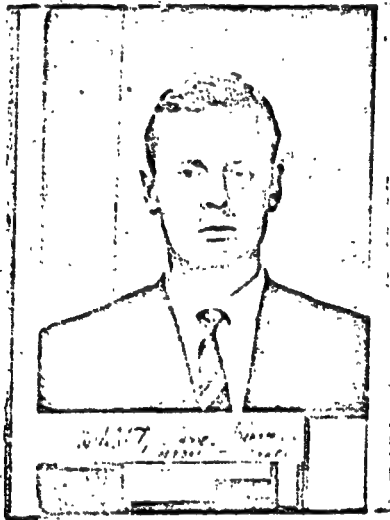
19. AREA KNOWLEDGE (Areas, type of knowledge, how acquired, etc.)							
Okinawa July '49 - March '51							
20. LANGUAGE FACILITY (Give tests when skill warrants and rate below)							
LANGUAGE	NATIVE FLUENCY	FLUENT BUT POOR GRAMMAR	ADEQUATE FOR TRANSLATION	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED	ACQUIRED BY
N A							
21. SALARY REQUESTED \$2200				22. POOL INTEREST <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
23. ACCEPTABLE STATION				PREFERENCE LIMITATIONS			
WASHINGTON, D.C. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Prefers C/S and the sooner the better- anywhere.			
ANYWHERE IN U.S. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
OVERSEAS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
24. HEALTH							
Good							
25. FORMS GIVEN <input checked="" type="checkbox"/> PMS <input checked="" type="checkbox"/> APP. 1 <input checked="" type="checkbox"/> MED. <input type="checkbox"/> SEC. AGREE. <input checked="" type="checkbox"/> L/A (If required)							
26. EVALUATION AND RECOMMENDATION (Appearance, manners, personality, maturity, motivation, flexibility, intelligence, emotional stability, qualifications for intelligence work, career planning, over-all impression, pertinent unfavorable factors)							
<p>The first thing of note is the scattered work and educational history of this fellow. On paper the case is all against him but in talking to him I conclude that it is the case of a guy who failed to get the proper job and school guidance when it would have been most effective (immediately after discharge). The guy has intelligence (LA/5 61-61) but perhaps not the final grasp of things to make a go of a technical degree in College. He probably would have done O.K. with the Liberal Arts course. At any rate he has decided on accounting as a career (finds he likes it and can do it well). He's had a tough life to say the least (how much bearing this has had on his career I'm not trained to evaluate.) My final impression is that he's neat, clean cut, sincere, reliable, capable if given the proper supervision. Types about 40 wpm and is learning shorthand from his wife (who's applying as steno). I think he'd do a competent job and perhaps with experience and training do a very good one. Wants O/S at earliest opportunity for financial reasons.</p>							
27. RECOMMENDED FOR				28. SERIAL NUMBERS			
GS 4 Admin/ accounting							
29. TESTS LA/5 61-51				30.			
				Neil P. Doherty May 13, 1956 <small>SIGNATURE OF INTERVIEWER DATE</small>			

CONFIDENTIAL

SECRET

BIOGRAPHIC PROFILE (PART I) SCD: 26 Jun 1953							
1. PERM. SERIAL NO.		2. NAME (Last-First-Middle)					
3. SEX		4. DATE OF BIRTH		5. LONGEVITY COMP. DATE			
M		Sep 1931		4 Mar 1957			
6. MARITAL STATUS		7. DEPENDENT(S)		8. NO. YEARS OF BIRTH		9. US NATURALIZATION DATE(S)	
Married		None		2 1931, 1959		NA	
10. CAREER STATUS		11. MEMBERSHIP		12. OTHER STATUS		13. LAST MED. RPT. QUAL. FOR	
None		None		None		NA	
14. CURRENT RESERVE STATUS		15. GRADE		16. ACTIVE DUTY WITH CIA CAT. - 1		17. RELEASE TO MIL. SER. CAT. - 2	
None		None		Mar 1960		PCS O/S	
18. ASSESSMENT DATE		19. PROFESSIONAL TEST DATE		20. LANGUAGE APTITUDE TEST DATE			
None		None		Jan 1960			
21. NON-CIA EMPLOYMENT							
1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator							
1952 Esso Tower Station, Utica, NY - Attendant							
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator							
Various Summer & Part-time positions while attending college							
22. NON-CIA EDUCATION							
1953-54 Utica College, Utica, NY - Physics							
1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exec Business Admin & Acctg							
1957-59 USDA Graduate School, DC - Federal Govt Acctg; Mathematics of Acctg & Investment							
23. FOREIGN LANGUAGE ACTIVITIES (Language, Proficiency, Date Tested)							
German - R,P,S,U, Slight (Nov 1959); W, Elem; T, None - Mar 1958							
24. AGENCY SPONSORED TRAINING							
1957 Clerical Induct							
1957 Clerical Orient							
1960 Intel Orient							
1960 Ops Spt							
25. CIA EMPLOYMENT HISTORY SINCE 16 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)							
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SC	ORGANIZATION & ORGAN	TITLE (If any)	LOCATION	
Mar 1957	Fisc Acct Clerk 0501.04	4	SF	Compt/Fiscal Div/Accts Br		Hq	
Sep 1957	" " 0501.04	5	SF	" " " "		"	
Feb 1958	Finance Asst 0510.14	5	SF	Compt/Fin Div/Comp&Tax Accts Br		"	
Mar 1958	Time, Lv, Pay Clerk 0544.01	5	SF	" " " "		"	
Mar 1959	Finance Asst 0510.14	5	SF	" " " "		"	
Oct 1959	Fisc Acct Clerk 0501.04	5	SF	Compt/Finance Div/Accts Br		"	
May 1960	Fisc Acct Asst 0501.03	5	SF	DDP/FE/Jao-TokyoSta/Spt Stf		Tokyo	
Nov 1961	" " " 0501.03	6	SF	" " " "		"	
Sep 1963	" " " 0501.03	7	SF	" " " "		"	
Oct 1964	Finance Asst 0510.16	7	SF	DES/Finance/CF Div/Comp&TaxAccts		Hq	
26. DATE REVIEWED		27. PROFILE REVIEWED BY		28. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE			
23 Nov 1964		ard		No			

SECRET
(When Filled In)

PERS. SERIAL NO. 25798		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) WILCOTT, James Bernard, Jr.		DATE OF BIRTH Sep 1931	
			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION			
27. DATE REVIEWED 23 Nov 1964		28. PROFILE REVIEWED BY mrd	

FORM NO. 1200 (PART 2) REPLACES FORM 1080 (PART 2) WHICH IS OBSOLETE.

SECRET jlk

PROFILE

(4)

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				025798			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Wilcott, James B. Jr			27 Sep 31	M	GS-07	SP	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Fiscal Acct Asst			DDP/FE/JKO		Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From- to-)			
31 Aug 64				1 July 1963 - 30 June 1964			
SECTION B				PERFORMANCE EVALUATION			
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all Station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Advises TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.						P	
OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						P	
15 JUL 1964							

SECRET

SECTION C		NARRATIVE COMMENTS		OFFICE OF PERSONNEL	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties, if applicable.</p>					
<p>Subject has performed his duties in a competent manner. Used large sums of money with few errors, and maintains the necessary statistical records.</p> <p>Cost consciousness and management of organization assets does not apply to this position.</p>					
SECTION D CERTIFICATION AND COMMENTS					
1. BY EMPLOYEE					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE	SIGNATURE OF EMPLOYEE				
9 Jun 64	/s/ James Willcott				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
23					
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
9 Jun 64	Finance Officer	/s/ Frank Wells			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
<p>Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.</p>					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
7 Jun 64	Finance Officer	/s/ Jack Randall			

SECRET

FJTT 10,374, 31 May 63

CONFIDENTIAL
SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				025798			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
WILCOTT, JAMES B. JR.			27 Sept 31		M	GS-6	5F
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OF ASSIGNMENT		8. CURRENT STATION		
FISCAL ACCT ASST			DDP/FE/JKO		Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 Jul 62 - 30 Jun 63			
SECTION B							
PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							RATING LETTER
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).							P
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.							P
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.							P
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.							P
SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.							P
SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.							P
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
20 JUN 1963							P

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
21 May 1963	/S/ James B. Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
33		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Finance Officer	/S/ Clarence Norment III
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Concur in the evaluation.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Adm Officer	/S/ Douglas S. Trabue

SECRET

CONFIDENTIAL

SECRET

(When Filled In)

1. PERS. SERIAL NO.		BIOGRAPHIC PROFILE (PART I) COD: 25 Jun 1953				
25208		3. NAME (Last-First-Middle)		4. SEX	5. DATE OF BIRTH	
WILCOFF, James Bernard, Jr.		M		Sep 1931	1 Mar 1957	
6. MARITAL STATUS	7. DEPENDENTS (Exclud. spouse)	8. NO. YEARS OF BIRTH		9. US NATURALIZATION DATE(S)		
Married		2 1931, 1959		NA		
10. CAREER STATUS	11. MEMBERSHIP	12. OTHER STATUS		13. LAST MED. EXAM. DATE FOR		
				Mar 1960		
14. CURRENT RESERVE STATUS	15. NONE SERVICE	16. GRADE	17. ACTIVE CLY WITH CIA CAT. 1	18. RELEASE TO MIL. SER. CAT. 2	19. TO BE DEFERRED CAT. 3	
20. ASSESSMENT DATE		21. PROFESSIONAL TEST DATE		22. LANGUAGE ATTITUDE TEST DATE		
None		None		Jan 1960		
23. NON-CIA EMPLOYMENT						
1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator						
1952 Esso Tower Station, Utica, NY - Attendant						
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator						
Various Summer & Part-time positions while attending college						
24. NON-CIA EDUCATION						
1953-54 Utica College, Utica, NY - Physics						
1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exce Business Admin Acctg						
1957-59 USDA Graduate School, DC - Federal Govt Acctg; Mathematics of Acctg & Investment						
25. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		German - R,P,S,U, Slight (Nov 1959); W, Elem; T, None - Mar 1958				
26. AGENCY SPONSORED TRAINING						
1957 Clerical Induct 1960 Intro to Communism						
1957 Clerical Orient						
1960 Intel Orient						
1960 Cps Spt						
27. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principals Details)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (if any)	LOCATION	
Mar 1957	Fisc Acct Clerk	0501.04	4	SF	Compt/Fiscal Div/Accts Br	Hq
Sep 1957	" "	0501.04	5	SF	" " " "	"
Feb 1958	Finance Asst	0510.14	5	SF	Compt/Fin Div/Comp&Tax Accts Br	"
Mar 1958	Time, Lv, Pay Clerk	0514.01	5	SF	" " " " " "	"
Mar 1959	Finance Asst	0510.14	5	SF	" " " " " "	"
Oct 1959	Fisc Acct Clerk	0501.04	5	SF	Compt/Finance Div/Accts Br	"
May 1960	Fisc Acct Asst	0501.03	5	SF	DDP/FE/Jac-TokyoSta/Spt Stf	Tokyo
Nov 1960	" " "	0501.03	6	SF	" " " " " "	"
Sep 1963	" " "	0501.03	7	SF	" " " " " "	"
Oct 1964	Finance Asst	0510.16	7	SF	DDS/Finance/CF Div/Comp&TaxAccts	Hq
28. DATE REVIEWED		29. PROFILE REVIEWED BY		30. ITEMS 1-18 REVIEWED & VERIFIED BY EMPLOYEE		
23 Jan 1964		[Signature]		[Signature]		

FORM 1200 (PART I) USE PREVIOUS EDITIONS.

SECRET

PROFILE

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SECRET

(When Filled In)

PERS. SERIAL NO. 25798		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) WILCOFF, James Bernard, Jr.		DATE OF BIRTH Sep 1931	
<div data-bbox="664 600 1053 1117" data-label="Image"> </div>			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION			
27. DATE REVIEWED 23 Nov 1961		28. PROFILE REVIEWED BY ard	

FORM NO. 1200 (PART 2) REPLACES FORM 1080 (PART 2) WHICH IS OBSOLETE.

SECRET jlk

PROFILE

(4)

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SO
Wilcott, James B., Jr.			27 Sep 31	M	GS-07 SF
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION		
Fiscal Acct Asst			DDP/WH/C JMWAVE		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From to)		
			26 Apr 65 - 15 Apr 66		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Lists, computes and verifies four cover companies commercial payrolls involving approximately 200 persons. Prepares and verifies all salary checks. An accounting machine is used for payrollling					RATING LETTER A
SPECIFIC DUTY NO. 2 Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel					RATING LETTER W
SPECIFIC DUTY NO. 3 Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies					RATING LETTER A
SPECIFIC DUTY NO. 4 Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents					RATING LETTER A
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER A

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give OFFICE OF PERSONNEL ^{OFFICE OF PERSONNEL} comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section D. Provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p style="text-align: right;">JUL 15 10 37 AM '66</p> <p>During the period Subject was in charge of the Payroll Section at JMWAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion ^{that} being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient in this duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.</p>			
SECTION D CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
12 months	Subject departed the Station without seeing this Report.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 Jun 1966	Chief, Finance Branch	/s/ H. Robert Graham	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
6 July 1966	Deputy Chief for Support	/s/ William A. Jewett	

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				025703			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
WILCOFF, James B, Jr.			27 Sep 1931		M	GS-07	SP
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Finance Assistant			Fin/CFO/COTAD		Wash., D. C.		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
ASAP				11 Oct. 1964 - 25 April 1965			
SECTION B PERFORMANCE EVALUATION:							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
Analyzing Payroll Accounts							P
SPECIFIC DUTY NO. 2							RATING LETTER
Reconciling Tax and Retirement Accounts							P
SPECIFIC DUTY NO. 3							RATING LETTER
Computing Staff and Career Agents' Pay and Allowances							P
SPECIFIC DUTY NO. 4							RATING LETTER
Conducting Liaison with our Division regarding Payroll matters.							P
SPECIFIC DUTY NO. 5							RATING LETTER
Preparing Correspondence							A
SPECIFIC DUTY NO. 6							RATING LETTER
Maintaining Leave records and Agents' Pay Files							P
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and points for limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
P							P

SECRET

OFFICE OF PERSONNEL

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Analyze or explain ratings given in Section A to provide basis for determining future personnel action. <u>Quality of performance of managerial or supervisory duties must be described, if applicable.</u></p>			
<p>In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.</p>			
<p>This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.			
DATE	SIGNATURE OF EMPLOYEE		
30 April 1965			
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
6	Employee had departed for PCS prior to this date.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
30 April 1965	Chief, Staff Agents Accts. Sec.	JOSEPH H. HANSEN	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
I concur.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
30 April 1965	Chief, Compensation and Tax Div.	THOMAS F. STRICKLAND	

SECRET

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
<div style="position: absolute; top: 0; left: 0; font-size: 2em; font-weight: bold; transform: rotate(-15deg);">AM</div>						025793	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
Wilcott, James E. Jr			27 Sep 31	M	GS-07	SF	
6. OFFICIAL POSITION TITLE			7. OFF/DIV. OR OF ASSIGNMENT		8. CURRENT STATION		
Fiscal Acct Asst			DDP/FE/JFO		Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT-SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT-EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
31 Aug 64			1 July 1963 - 30 June 1964				
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).						RATING LETTER P	
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.						RATING LETTER P	
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						RATING LETTER P	
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.						RATING LETTER P	
SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center.						RATING LETTER P	
SPECIFIC DUTY NO. 6 Advices IDI travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.						RATING LETTER P	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER P	
15 JUL 1964							

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties, if applicable.

Subject has performed his duties in a competent manner. ~~He has~~ huge sums of money with few errors, and maintaining the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

9 Jun 64

SIGNATURE OF EMPLOYEE

/s/ James Wilcott

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

23

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

9 Jun 64

OFFICIAL TITLE OF SUPERVISOR

Finance Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Frank Wells

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for finance training upon his return to Headquarters in July 1964.

DATE

7 Jun 64

OFFICIAL TITLE OF REVIEWING OFFICIAL

Finance Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Jack Randall

SECRET

FJTT 10,374, 31 May 63

SECRET

FITNESS REPORT			EMPLOYEE SERIAL NUMBER	
			025793	
SECTION A GENERAL				
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX
WILCOFF, JAMES B. JR.			27 Sept 31	M
4. OFFICIAL POSITION TITLE			5. OFF/DIV OR OF ASSIGNMENT	6. CURRENT STATION
FISCAL ACCT ASST			DDP/FA/SRO	Tokyo
7. CHECK (X) TYPE OF APPOINTMENT:			8. CHECK (X) TYPE OF REPORT	
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):	
9. CAREER PROVISIONAL (See Instructions - Section C)			REASSIGNMENT SUPERVISOR	
SPECIAL (Specify):			REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)	
			1 Jul 62 - 30 Jun 63	
SECTION B PERFORMANCE EVALUATION				
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
SPECIFIC DUTIES				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).				
SPECIFIC DUTY NO. 1				RATING LETTER
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).				P
SPECIFIC DUTY NO. 2				RATING LETTER
Consolidates all Station cash transactions to one voucher and verifies balance daily.				P
SPECIFIC DUTY NO. 3				RATING LETTER
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.				P
SPECIFIC DUTY NO. 4				RATING LETTER
Polices individual housing and vehicle advance accounts and audits related accountings.				P
SPECIFIC DUTY NO. 5				RATING LETTER
Maintains statistical records on all private rentals by individual house and cost center.				P
SPECIFIC DUTY NO. 6				RATING LETTER
Performs other related duties as assigned by the Finance Officer.				P
OVERALL PERFORMANCE IN CURRENT POSITION				
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				RATING LETTER
20 JUN 1963				P

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations if applicable. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide test basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

21 May 1963

SIGNATURE OF EMPLOYEE

/S/ James B. Wilcott

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

33

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

21 May 1963

OFFICIAL TITLE OF SUPERVISOR

Finance Officer

TYPED OR PRINTED NAME AND SIGNATURE

/S/ Clarence Norment III

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur in the evaluation.

DATE

21 May 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

Adm Officer

TYPED OR PRINTED NAME AND SIGNATURE

/S/ Douglas S. Trubue

SECRET

CONFIDENTIAL

SECRET
(When Filled In)

711-0016
or Career Service Form

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025778	
SECTION A. GENERAL					
1. NAME (Last) (First) (Middle) WILCOTT, James B.			2. DATE OF BIRTH 27 Sept 31	3. SEX M	4. GRADE GS-6
5. OFFICIAL POSITION/TITLE Fiscal Acct Asst.			6. OFF/DIV/BR OF ASSIGNMENT FE/Tokyo		
7. CHECK (X) TYPE OF APPOINTMENT			8. CURRENT STATION Tokyo		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify)			9. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify)		
10. DATE REPORT DUE IN O.P.			11. REPORTING PERIOD (From - to) 1 Apr 61 - 30 June 62		
SECTION B. PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash.					P
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					S
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.					S
SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					P

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.</p>			
SECTION D CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
19 July 1962	James B. Wilcott /s/		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
25			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1962	Finance Officer	Elwood Martin	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1962	Finance Officer	Clarence F. Norment	

SECRET

SECRET
(When Filled In)

Sub 900

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				525748	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX
WILCOX, James B			27 Sept 1931		M
4. SERVICE DESIGNATION		5. OFFICIAL POSITION TITLE		6. OFF/DIV/BR OF ASSIGNMENT	
SF		Fiscal Asst. Asst.		Tokyo Station	
7. CAREER STAFF STATUS			8. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P.			11. REPORTING PERIOD To SPECIAL (Specify)		
31 May 61			27 May 60 to 31 Mar 61		
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding					
SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash.		RATING NO.	SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.		RATING NO.
		4			4
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.		RATING NO.	SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.		RATING NO.
		4			4
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.		RATING NO.	SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.		RATING NO.
		5			4
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4
SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree		2 - Limited degree		3 - Normal degree	
4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS		NOT APPLICABLE	NOT OBSERVED	RATING	
				1	2
GETS THINGS DONE					4
RESOURCEFUL					4
ACCEPTS RESPONSIBILITIES					4
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					4
DOES HIS JOB WITHOUT STRONG SUPPORT					4
FACILITATES SMOOTH OPERATION OF HIS OFFICE		X			
WRITES EFFECTIVELY		X			
SECURITY CONSCIOUS					4
THINKS CLEARLY					4
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					4
OTHER (Specify):					

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he has no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner. MAIL ROOM

Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naivete are sometimes disconcerting to those with whom he deals.

This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.

SECTION F

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE 3 May 1961	SIGNATURE OF EMPLOYEE James B. Wilcott (signed)	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 8	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE 3 May 1961	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE Elwood Martin
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE 3 May 1961	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE Clarence Torment

SECRET

SECRET
(When Filled In)

REVIEWED BY: [Signature]
DATE: 27 September 1951

FITNESS REPORT				EMPLOYEE SERIAL NUMBER							
SECTION A GENERAL											
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE						
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT							
SF		Fiscal Accountant Clerk		Compt/Finance/Intest							
8. CAREER STAFF STATUS			9. TYPE OF REPORT								
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> INITIAL <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE			<input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> REASSIGNMENT/EMPLOYEE								
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)							
30 April 1950		From 1 Mar 50 - 31 Mar 50 To									
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES											
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).											
1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding											
SPECIFIC DUTY NO. 1 Responsible for number- ing, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine		RATING NO.		SPECIFIC DUTY NO. 1 (continued) Records Division							
		4		RATING NO. 4							
SPECIFIC DUTY NO. 2 Responsible for verify- ing the daily expenditure listing totals with the expended general ledger accounts.		RATING NO.		SPECIFIC DUTY NO. 3							
		4		RATING NO.							
SPECIFIC DUTY NO. 3 Responsible for match- ing the attachments to the vouchers and filing when vouchers are returned from Machine Records Division.		RATING NO.		SPECIFIC DUTY NO. 4							
		4		RATING NO.							
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION											
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.											
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4						
SECTION D DESCRIPTION OF THE EMPLOYEE											
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee											
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS					NOT APPLICABLE	NOT OBSERVED	RATING				
							1	2	3	4	5
GETS THINGS DONE											
RESOURCEFUL									X		
ACCEPTS RESPONSIBILITIES									X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X						
DOES HIS JOB WITHOUT STRONG SUPPORT										X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE									X		
WRITES EFFECTIVELY					X						
SECURITY CONSCIOUS											
THINKS CLEARLY											
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS											
OTHER (Specify):											

SEE SECTION 25 ON REVERSE SHEET

SECRET

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject has accepted a field assignment effective in June.

The position to which subject has been assigned is very repetitious and not at all conducive to disclosing his full potential. However, by the way in which he adapted to Duty No. 2, it is felt that he will be able to perform more responsible duties with a minimum of additional training.

He has an extremely good attitude toward his work and responds well to supervision.

This report has been prepared in accordance with the criteria set forth in Comptroller Instruction No. 77 which are designed to reflect realistic and meaningful ratings and fair comparisons between the employee and his fellow workers of equal grade or responsibility. An "average" rating reflects an entirely satisfactory performance.

SECTION F CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

18 April 1960

SIGNATURE OF EMPLOYEE

James H. Simpson

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12 Months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

18 April 1960

OFFICIAL TITLE OF SUPERVISOR

C/Voucher Review Unit

TYPED OR PRINTED NAME AND SIGNATURE

James H. Simpson

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

4/18/60

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/Voucher Review Unit

TYPED OR PRINTED NAME AND SIGNATURE

James H. Simpson

SECRET

SECRET

REVIEWED BY:

(When Filled In)

EMPLOYEE SERIAL NUMBER

125798

FITNESS REPORT

SECTION A

GENERAL

1. NAME (Last) (First) (Middle) Wilcott, Jr. James B.			2. DATE OF BIRTH 27 Sept. 1931		3. SEX M	4. GRADE GS-5
5. SERVICE DESIGNATION SP		6. OFFICIAL POSITION/TITLE Time Leave Pay Clerk			7. OFF/DIV/BN OF ASSIGNMENT Compt/ Finance Division	
8. CAREER STAFF STATUS				9. TYPE OF REPORT		
<input checked="" type="checkbox"/> NOT ELIGIBLE		<input type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> INITIAL
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P. 30 April 1959		11. REPORTING PERIOD From 1 Apr 58 - 31 Mar 59		12. SPECIAL (Specify)		

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Fundamental of Payroll			RATING NO. 3	SPECIFIC DUTY NO. 4 Control of liaison with Area Division on payroll problems		RATING NO. 3
SPECIFIC DUTY NO. 2 Preparation of all payroll documents considering base and premium pay and allowances			RATING NO. 3	SPECIFIC DUTY NO. 5 Application of Agency pay regulations		RATING NO. 4
SPECIFIC DUTY NO. 3 Maintaining of leave records			RATING NO. 3	SPECIFIC DUTY NO. 6 Processing of checks		RATING NO. 4

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects fails to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.
3

SECTION D DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree
CHARACTERISTICS				
GETS THINGS DONE				
RESOURCEFUL				
ACCEPTS RESPONSIBILITIES				
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES				
DOES HIS JOB WITHOUT STRONG SUPPORT				
FACILITATES SMOOTH OPERATION OF HIS OFFICE				
WRITES EFFECTIVELY				
SECURITY CONSCIOUS				
THINKS CLEARLY				
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				
OTHER (Specify):				

SEE SECTION "E" ON REVERSE SIDE

SECRET
(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE		
<p>States strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.</p>		
<p>Mr. Wilcott is a genial and cooperative person. He is well liked and gets along with people. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does require strong supervision.</p> <p>He does not abuse his leave privileges and as a whole, has a favorable attitude toward his work and the Agency.</p>		
SECTION F CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
March 10, 1959	James B. Wilcott Jr.	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
6		
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
March 10, 1959	Time, Leave, Pay Supr.	Ann C. Robbins
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
March 10, 1959	A/C, Staff Employees Accts. Sect.	Addie B. Lewis

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item B. of Section 'A' below.

SECTION A.

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
Wilcott, James B.	27 Sept. 1921	M	SP
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT	6. OFFICIAL POSITION TITLE		
Comptroller - Fiscal Division	Fiscal Clerk		
7. GRADE	8. DATE REPORT DUE IN CP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-5	1 December 1957	1 March 1957 - 1 September 1957	
10. TYPE OF REPORT (Check one)	SPECIAL (Specify)		
INITIAL	REASSIGNMENT-SUPERVISOR		
ANNUAL	REASSIGNMENT-EMPLOYEE		

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT ☐ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

A. CHECK (X) APPROPRIATE STATEMENTS:

1. THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
2. THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
3. I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

4. THIS DATE	5. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	6. SUPERVISOR'S OFFICIAL TITLE
5 Dec. 1957	Ben H. Lortor <i>Ben H. Lortor</i>	Deputy Chief, Accounting Br.

7. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY DATE
 Posted Pos. Control *10/18/57*
 Reviewed by *10/19/57*

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

8. THIS DATE	9. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	10. OFFICIAL TITLE OF REVIEWING OFFICIAL
5 Dec. 1957	A. H. Greenblatt <i>A. H. Greenblatt</i>	Chief, Accounting Branch

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIFFERENCES: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5. A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

Mr. Wilcott is very industrious and accepts his assignments without hesitancy.

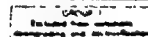
7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES																											
DIRECTIONS: a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties. b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty. c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only). d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility. e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties. f. Be specific. Examples of the kind of duties that might be rated are: <table border="0" style="width: 100%;"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERVIEWS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEVELOPING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table>				ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERVIEWS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEVELOPING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERVIEWS																									
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES																									
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN																									
WRITING TECHNICAL REPORTS	MANAGES FILES	DEVELOPING SOURCES																									
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS																									
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK																									
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING																									
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																									
g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.																											
DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY 3 - PERFORMS THIS DUTY ACCEPTABLY 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY																									
SPECIFIC DUTY NO. 1 records obligating instruments, supplements and adjustments relating to allotment accounting.	RATING NUMBER 4	SPECIFIC DUTY NO. 4 assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year.	RATING NUMBER 4																								
SPECIFIC DUTY NO. 2 prepares current analysis of allotment ledger accounts of unliquidated obligations.	RATING NUMBER 4	SPECIFIC DUTY NO. 5 records liquidations and cancellations of obligations to individual allotment accounts.	RATING NUMBER 4																								
SPECIFIC DUTY NO. 3 checks and reconciles runs of expenditures with those in the allotment ledger accounting records.	RATING NUMBER 4	SPECIFIC DUTY NO. 6 prepares summaries required for reconciliations and duplicate allotment records (copies) for distribution to the various allottees.	RATING NUMBER 4																								
3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE																											
DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job. Mr. Wilcott is very anxious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better acquainted with government accounting as has been evidenced by his enrollment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.																											
SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION																											
DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.																											
4	1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION																										
IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, EXPLAIN FULLY:																											
He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas position, as this was a part of his ambition in seeking employment with the Government. It is believed that he could easily adapt himself to other duties in the field of accounting.																											

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE
		19 April 1965
TO:	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR
(Check)	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	WH
ATTN:	Mr. Mullane	WILCOTT, James B., Jr.
REF:	Continuation of backstopping cover	FILE NO.
MILITARY COVER BACKSTOP ESTABLISHED		K-9524
		ID CARD NO.
		Returned
		EMPLOYEE NO.
US Army Element, Composite Operations Group		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT		
<input checked="" type="checkbox"/> Block Records: (OPMEMO 20-800-12) <p>a. Temporarily for _____ days, effective _____</p> <p>b. Continuing, effective _____ EOD _____</p>		
<input checked="" type="checkbox"/> Submit Form 642 to change limitation category. (HBB 20-7)		
<input checked="" type="checkbox"/> Ascertain that Army W-2 being issued. (HB 20-661-1)		
<input checked="" type="checkbox"/> Submit Form 1322 for any change affecting this cover. (R 240-250)		
<input checked="" type="checkbox"/> Submit Form 1323 for transferring cover responsibility. (R 240-250)		
<input checked="" type="checkbox"/> Remarks: THIS MATTER NOT REOPEN Subject is going on PCS out of D.C. area.		
<input checked="" type="checkbox"/> Cover History		
<p style="text-align: right;"><i>James J. Franklin</i></p> <p style="text-align: center;">XS CD/Chief, MIL. TACT. COVER, CGS</p>		
DISTRIBUTION: Copy 1-POB, Copy 2-Operating Component, Copy 3-OS D/OS, Copy 4-OL/TELSVC, Copy 5-PSD/OS, Copy 6-File.		

FORM 1551
6-64 USE PREVIOUS EDITION

SECRET



(13-20-43)

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 10 September 64
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	OFF FIN WILCOTT, James B. Jr.
ATTN:	Ruby Johnson	FILE NO. K-9524
REF:	Form 1322 8 September 64 Requesting cover	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED		EMPLOYEE NO.
US Army Element Composite Operations Group		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT		
<input checked="" type="checkbox"/>	Block Records: (OPMEMO 23-800-11)	
	a. Temporarily for _____ days, effective _____	
	b. Continuing, effective <u>May 60</u>	
<input checked="" type="checkbox"/>	Submit Form 642 to change limitation category. (HNB 20-7)	
<input checked="" type="checkbox"/>	Ascertain that Army W-2 being issued. (HB 20-661-1)	
<input checked="" type="checkbox"/>	Submit Form 1322 for any change affecting this cover. (R 240-250)	
<input checked="" type="checkbox"/>	Submit Form 1323 for transferring cover responsibility. (R 240-250)	
<input type="checkbox"/>	Remarks:	
<input checked="" type="checkbox"/>	Cover History Mar 57-May 60 Hdqs/overt May 60-Jul 64 DAC & DAFC/Japan	
		<i>James H. Franklin</i> ALB/AL CHIEF, MILITARY COVER, CCS
DISTRIBUTION: Copy 1-POD. Copy 2-Operating Component. Copy 3-OS D/OS. Copy 4-OL TSLSVC. Copy 5-PSD OS. Copy 6-File.		

FORM 1551
6-64 USE PREVIOUS EDITION

SECRET

(13-20-43)

SECRET
(When Filled In)

N.M. 17 MAY 66

NOTIFICATION OF PERSONNEL ACTION

(CEP)

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
025798		WILCOIT JAMES B JR	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	
RESIGNATION*		04/15/66	
5. CATEGORY OF EMPLOYMENT		6. COST CENTER NO. CHARGEABLE	
REGULAR		6132 1164 0000	
7. FUNDS		8. CXC OR OTHER LEGAL AUTHORITY	
V TO V		V TO CF	
CF TO V		CF TO CF	
X			
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DUP/WH/US FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR CPS SUPPORT FINANCE BRANCH		JMWAVE	
11. POSITION TITLE		12. POSITION NUMBER	
FISCAL ACCT ASSI		1369	
13. SERVICE DESIGNATION		SF	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	
GS		0501.03	
16. GRADE AND STEP		17. SALARY OR RATE	
07 4		6090	
18. REMARKS			
*STAFF EMPLOYEE SPECIAL			



LOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

2. STATION CODE		23. INTEGREE CODE		24. HEIGHT CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
						09/27/31					
28. DATA CODE		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEN			
1B00043						EOD DATA					
35. COMP DATE		36. CAREER CATEGORY		37. FGLI / HEALTH INSURANCE		38. SOCIAL SECURITY NO.					
DA YR		CAN DISC CODE		CODE G. WAIVED F. YES		HEALTH INS CODE					
		NOVA TEMP									
42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA							
		FORM EXECUTED CODE NO TAX EXEMPTIONS		FORM EXECUTED CODE NO TRY STATE CODE							
		1. YES 2. NO		1. YES 2. NO							

SIGNATURE OR OTHER AUTHENTICATION:

SECRET

FORM 1150
11 62

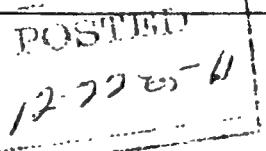
Use Previous
Edition

SECRET
(When Filled In)

(When Filled In)

FCH 21 DEC 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
EXCEPTED APPT+ CAREER						NO DA YR 11 21 65			REGULAR		
6. FUNDS		7. TO V		8. TO CF		9. COST CENTER NO. CHARGEABLE			10. CSC OR OTHER LEGAL AUTHORITY		
V TO V		V TO V		V TO CF		6135 1134 0000			50 USC 403 J		
11. ORGANIZATIONAL DESIGNATIONS						12. LOCATION OF OFFICIAL STATION					
DDP/WH U.S. FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH						JMWAVE					
13. POSITION TITLE						14. POSITION NUMBER			15. SERVICE DESIGNATION		
FISCAL ACCT ASST						1369			SF		
16. CLASSIFICATION SCHEDULE (GS, LR, etc.)				17. OCCUPATIONAL SERIES		18. GRADE AND STEP			19. SALARY OR RATE		
GS				0501.03		07 4			6830		
20. REMARKS											
*STAFF EMPLOYEE SPECIAL											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE		22. EMPLOY CODE		23. OFFICE CODING		24. STATION CODE		25. INTEGRITY CODE		26. REPORT CODE	
13		10		51550 WH		99999				2	
27. DATE OF BIRTH		28. DATE OF GRADE		29. DATE OF LEI		30. DATE OF BIRTH		31. DATE OF GRADE		32. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
08 27 31		09 15 63		09 13 64							
33. NTE EXP. RES		34. SPECIAL REFERENCE		35. RETIREMENT DATA		36. SEPARATION DATA CODE		37. CORRECTION CANCELLATION DATA		38. SECURITY REQ NO.	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
1		1		1		1		1		00000 M1	
39. VET. PREFERENCE		40. SERV. COMP DATE		41. LONG COMP. DATE		42. CAREER CATEGORY		43. PEGLI / HEALTH INSURANCE		44. SOCIAL SECURITY NO	
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE	
1		06 26 53		04 57		C		1		1	
45. PREVIOUS GOVERNMENT SERVICE DATA		46. LEAVE CAT CODE		47. FEDERAL TAX DATA		48. STATE TAX DATA		49. FORM EXECUTED		50. STATE CODE	
CODE		CODE		CODE		CODE		CODE		CODE	
1		6		0		0		1		1	
51. SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;">  POSTED 12-22-65 </div>											

FORM 11 62 1150

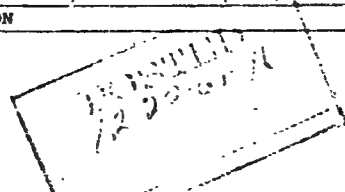
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SECRET

 (When Filled In)
 (When Filled In)

FORM 1150 DEC 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 025790		2. NAME (LAST FIRST MIDDLE) Wilcott, James B Jr.									
3. NATURE OF PERSONNEL ACTION RESIGNATION						4. EFFECTIVE DATE 11/29/65		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 6133 1104 0000		8. CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		CF TO CF							
9. ORGANIZATIONAL DESIGNATIONS DDP: WH US FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPERATIONAL SUPPORT FINANCE BRANCH						10. LOCATION OF OFFICIAL STATION JMWAVE					
11. POSITION TITLE FISCAL ACCT ASST						12. POSITION NUMBER 1353		13. SERVICE DESIGNATION SF			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS				15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 67 4		17. SALARY OR RATE 6830			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE US		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE		23. INTEGREE CODE		24. MGRS CODE	
25. NTE EXPIRES MO DA YR		26. SPECIAL REFERENCE		27. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE		28. SEPARATION DATA CODE 1ED0081		29. CORRECTION/CANCELLATION DATA TYPE MO DA YR		30. SECURITY REQ NO	
										EOD DATA	
31. VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		32. SERV. COMP DATE MO DA YR		33. LONG COMP DATE MO DA YR		34. CAREER CATEGORY CAR SERV PROV TEMP		35. PEGS / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		36. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS				44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: center;">  </div>											

FORM 1150

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME

SERIAL ORGN, FUNDS GR-STEP

OLD
SALARY

NEW
SALARY

025798 51 550 CF GS 07 4 \$ 6,650 \$ 6,890

Thelwell, James B

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

009 09/27/65

1. SERIAL NUMBER 2. NAME (LAST FIRST MIDDLE)

025790

Kilcath, James B

3. NATURE OF PERSONNEL ACTION

REASSIGNMENT

4. EFFECTIVE DATE

09 31 65

5. CATEGORY OF EMPLOYMENT

6. FUNDS

V TO V

V TO CF

CF TO V

X

CF TO CF

7. COST CENTER NO. CHARGEABLE

5135 1164 0000

8. CVC OR OTHER LEGAL AUTHORITY

9. ORGANIZATIONAL DESIGNATION

**DDP/WM DIVISION
US FLD D CH STA OP SUP**

10. LOCATION OF OFFICIAL STATION

JMWAVE

11. POSITION TITLE

FISCAL ACCT ASST

12. POSITION NUMBER

1369

13. CAREER SERVICE DESIGNATION

SF

14. CLASSIFICATION SCHEDULE (GS, GS, etc.)

GS

15. OCCUPATIONAL SERIES

0501.03

16. GRADE AND STEP

07

17. SALARY OR RATE

18. REMARKS

POSTED

6-365 HT

SIGNATURE OR OTHER AUTHENTICATION

Form 115C8
1-63 MFG 1-63

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

(14-51)

SECRET
(When Filled In)

DLB: 27 APR 65

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 025798		2. NAME (LAST FIRST MIDDLE) <i>Wheeler, James B</i>									
3. NATURE OF PERSONNEL ACTION CAREER EXCEPTED APPT				4. EFFECTIVE DATE MO. DA. YR. 04 25 65		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGEABLE 5135 1164 0000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS DDP/SAS U.S. FIELD FORWARD OPERATIONS STATION-JMWAVE DEPUTY FOR SUPPORT FINANCE BRANCH				10. LOCATION OF OFFICIAL STATION JMWAVE							
11. POSITION TITLE FISCAL ACCT ASST				12. POSITION NUMBER 1080		13. SERVICE DESIGNATION SF					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 4		17. SALARY OR RATE 6650					
18. REMARKS REPLACEMENT FOR EDNA C. JECENTHAL.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 13		20. EMPLOY CODE 10		21. OFFICE CODING NUM. ALPHABETICAL 49760 SAS		22. STATION CODE 99999		23. INTERSEE CODE 2		24. MONTHS MO. DA. YR. 09 27 31	
25. DATE OF BIRTH MO. DA. YR. 09 15 63		26. DATE OF GRADE MO. DA. YR. 09 13 64		27. DATE OF LEI MO. DA. YR. 09 13 64		28. NTE EXPIRES MO. DA. YR. 06 26 53		29. SPECIAL REFERENCE 1. CSC 2. FICR 3. NONE 1		30. RETIREMENT DATA CODE 1	
31. SEPARATION DATA CODE TYPE NO. DA. YR. 000000		32. CORRECTION/CANCELLATION DATA TYPE NO. DA. YR. 000000		33. SECURITY REQ NO 000000		34. SEX M-F M		35. VET. PREFERENCE CODE 1		36. SERV. COMP. DATE MO. DA. YR. 06 26 53	
37. LONG COMP. DATE MO. DA. YR. 04 57		38. CAREER CATEGORY CAP. DIS. PROV. TEMP. C		39. FEGLI / HEALTH INSURANCE CODE 1		40. SOCIAL SECURITY NO. HEALTH INS. CODE 1		41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1		42. LEAVE CAT. CODE 6	
43. FEDERAL TAX DATA FORM EXECUTED CODE 1. YES 2. NO 0		44. STATE TAX DATA FORM EXECUTED CODE 1. YES 2. NO 0		45. NO TAX EXEMPTIONS CODE 0		46. STATE TAX DATA CODE 0		47. NO TAX EXEMPTIONS CODE 0		48. STATE TAX DATA CODE 0	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>04/28/65 JK</i> </div>											

FORM 1150
11-62

Use Previous
Edition

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14-00000
Insert in appropriate
position of
document

(When Filled In)

SECRET
(When Filled In)

DLB: 27 APR 65

DEF NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RESIGNATION						MO DA YR 04 24 65		REGULAR			
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF		5277 0003 0000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDS/OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION AND TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
FINANCE ASSISTANT						0470		SF			
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0510.16			07 4			6650		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LES
45	10	NUMBER C ALPHABETIC					MO DA YR 09 27 31		MO DA YR		MO DA YR
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REC NO.	
MO DA YR		1 CSC 2 PICA 3 NONE		CODE		1-000091		TYPE MO DA YR		34. SEX	
35. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PF 2 - 10 PF		MO DA YR		MO DA YR		CODE 1 - YES 2 - NO		CODE 0 - WAIVER 1 - YES 2 - NO		HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
CODE 0 - NO PREVIOUS SERVICE 1 - NO DATA IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				CODE		FORM EXECUTED CODE NO TAX DEDUCTIONS 1 - YES 2 - NO				FORM EXECUTED CODE NO TAX STATE CODE 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											

POSTED

APR 29/65

FORM 1150
11 62

Use Previous
Edition

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

1517 14.91
(When Filled In)

DLB: 9 OCT 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
035798		WILCOTT JAMES JR							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS				NO DA YR 10 11 64		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
X		CF TO V		CF TO CF		5277 0003 0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDS OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION & TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION				WASH., D. C.					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
FINANCE ASSISTANT				0470		SF			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0510.16		07 4		6650			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. REGIONS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
10	10	NUMERIC 13500	ALPHABETIC FIN	75013		1	MO DA YR 08 12 13	MO DA YR	MO DA YR
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA	
MO DA YR				1. CSC 2. FICA 3. NONE		CODE		TYPE MO DA YR	
								EOD DATA	
35. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE	
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		MO DA YR		MO DA YR		CAR DESL PROV TEMP		CODE 0 - WAIVER 1 - YES	
								HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				CODE		FORM EXECUTED 1 - YES 2 - NO		FORM EXECUTED 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION									
FROM: FE B						<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 9 Oct 64 <i>JPS</i> </div>			

FORM 11-62 1150

Use Previous Edition

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 GPO: 1
 Executive Order 12812
 50 USC 403 J
 50 USC 403 J

(When Filled In)

SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.

[illegible]

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	GRGN FUNDS	GR-ST	OLD SALARY	NEW SALARY
WILCOTT JAMES B JR	025798	45 380	CF GS 07 3	\$ 5,910	\$ 6,185

1 Serial No		2 Name		3 Cost Center Number		4 LWOP Hours				
025798		WILCOTT JAMES B JR		45 380 CF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7 TYPE ACTION		
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 07	3	\$ 6,185	09/15/63	GS 07	4	\$ 6,380	09/13/64			
8 Remarks and Authentication										
<p>✓ NO EXCESS LWOP</p> <p>✓ IN PAY STATUS AT END OF WAITING PERIOD</p> <p>✓ LWOP STATUS AT END OF WAITING PERIOD</p> <p>CLERKS INITIALS AUDITED BY</p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE <i>[Signature]</i> DATE <i>1/1/64</i></p> <p>PAY CHANGE NOTIFICATION <i>mck</i></p>										

SECRET
(When Filled In)

DLIS: 13 SEPT 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						NO DA YR 09 15 63		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		4137 7351 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/FE FOREIGN FIELD FE/JKO-TOKYO STATION SUPPORT STAFF						TOKYO, JAPAN					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
FISCAL ACCT ASST						3167		SF			
14. CLASSIFICATION SCHEDULE (GS, LO, etc)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0501.03		07 3		5910			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTERAG CODE		24. HQ/IN CODE	
22		10		45380 FE		37587		3		09 27 31	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	
NO DA YR		NO DA YR		NO DA YR		NO DA YR		NO DA YR		NO DA YR	
09 15 63		09 15 63		09 15 63		09 15 63		09 15 63		09 15 63	
31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEX		35. VET PREFERENCE		36. SERV COMP DATE	
TYPE NO DA YR		TYPE NO DA YR		TYPE NO DA YR		TYPE NO DA YR		TYPE NO DA YR		TYPE NO DA YR	
EOD DATA		EOD DATA		EOD DATA		EOD DATA		EOD DATA		EOD DATA	
37. LONG COMP DATE		38. CARRIER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE	
NO DA YR		CAN CIVL CODE		CODE 0 WAIVER 1 - YES		HEALTH INS CODE		CODE 0 NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		CODE	
43. FEDERAL TAX DATA		44. STATE TAX DATA		45. FORM EXECUTED		46. NO TAX EXEMPT		47. STATE CODE		48. STATE CODE	
FORM EXECUTED CODE NO TAX EXEMPTIONS		FORM EXECUTED CODE NO TAX EXEMPTIONS		FORM EXECUTED CODE NO TAX EXEMPTIONS		FORM EXECUTED CODE NO TAX EXEMPTIONS		FORM EXECUTED CODE NO TAX EXEMPTIONS		FORM EXECUTED CODE NO TAX EXEMPTIONS	
1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 09/25/63 DK </div>											

FORM 1150

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GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-737 AND
 DCI MEMORANDUM DATED 1 AUGUST 1944, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 14 OCTOBER 1942

NAME	SERIAL	ORGN	FUNDS	OLD GP-ST SALARY	NEW GP-ST SALARY
WILCOTT JAMES B JR	025798	56380	CF 06 4	\$ 5325	\$ 5349

ARE:9 NOV 1961

SECRET
 (When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
025798		WILCOTT JAMES B JR							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION				MO. DA. YR. 11 12 61		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
CF TO V		X		CF TO CF		2137 7351 1000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP FE FE/JAO TOKYO STATION SUPPORT STAFF TOKYO				TOKYO, JAPAN					
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
FISCAL ACCT ASST				3167		SF			
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0501.03		06 4		5325			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
22	10	56380 FE		37587		3	09 27 31	11 12 61	11 12 61
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA	
MO DA YR		1. CSC 2. PICA 3. NONE		CODE		TYPE		MO DA YR	
								EOD DATA	
33. VET. PREFERENCE		34. SERV COMP DATE		35. LONG COMP. DATE		36. MIL SERV CREDIT/LCD		37. FEGLI / HEALTH INSURANCE	
CODE		MO DA YR		MO DA YR		1 - YES 2 - NO		CODE	
0 - NONE 1 - 5 PT 2 - 10 PT								HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
CODE				CODE		FORM EXECUTED CODE		STATE CODE	
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)						1 - YES 2 - NO		1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION									



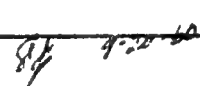

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
SF	WILCOTT JAMES R JR	525798	51 71	GS-05 3	\$ 4,340	\$ 4,675

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET

(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME				3. ASSIGNED ORGN.		4. FUNDS		5.	
525798		WILCOTT JAMES R JR				DDP/FE 14		UV			
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
GS 05	3	\$ 4,675	09	20	59	GS 05	4	\$ 4,840	09	18	60
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED BY 		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT						13. REMARKS					
14. AUTHENTICATION											
 											
											
PAY CHANGE NOTIFICATION											

(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
25778	WILCOTT JAMES B JR	DOP/FE 14	00
5. OLD SALARY RATE		6. NEW SALARY RATE	
Grade	Step	Salary	Effective Date
GS	05 4	\$ 4,840	09/18/60
Grade	Step	Salary	Effective Date
GS	5 3	\$ 5,005	09/17/61
7. TYPE ACTION			
PSI	LSI	ADJ.	
8. Remarks and Authentication			
/ / NO EXCESS LWOP			
/ / IN PAY STATUS AT END OF WAITING PERIOD			
/ / IN LWOP STATUS AT END OF WAITING PERIOD			
<p style="text-align: center;"> Ensemble PAY CHANGE NOTIFICATION </p>			

Form 560

Obsolete Previous Edition

SECRET

(4-61)

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SECRET

(When Filled In)

AES: 6 MAY 1960												NOTIFICATION OF PERSONNEL ACTION													
1. Serial No.				2. Name (Last-First-Middle)								3. Date Of Birth				4. Vet. Pref.		5. Sex		6. CS - EOD					
525798				WILCOTT JAMES B JR								Mo. Da. Yr. 09 27 31				None-0 5 Pt-1 10 Pt-2		Code 1		M 1		Mo. Da. Yr. 03 04 57			
7. SCD				8. CSC Value				9. CSC Or Other Legal Authority				10. Apmt. Affidav.				11. FtGLI		12. LCD		13. Mil. Serv. Credit, LEO					
Mo. Da. Yr. 06 26 53				Yes-1 No-2				Code 1				50 USCA 403				Mo. Da. Yr. 09 22 57				Yes-1 No-2		Code 2			

PREVIOUS ASSIGNMENT

14. Organizational Designations												Code		15. Location Of Official Station												Station Code	
DOS OFFICE OF THE COMPTROLLER FINANCE DIV, ACCOUNTS BR ACCOUNTING CONTROL SEC ACCTS RECEIVABLE AND PAYABLE UNIT												3803		WASH., D.C.												75013	
16. Dept. - Field				17. Position Title				18. Position No.				19. Serv.		20. Occup. Series													
Dept - 1 USfld - 3 Fign - 5				Code 2 FISCAL ACCT CLK				0506				GS		0501.04													
21. Grade & Step				22. Salary Or Rate				23. SD		24. Date Of Grade				25. PSI Due		26. Appropriation Number											
05 3				\$ 4340				SF		Mo. Da. Yr. 09 22 57				Mo. Da. Yr. 09 18 60		0263 1040											

ACTION

27. Nature Of Action				Code		28. Eff. Date				29. Type Of Employee				Code		30. Separation Data			
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*				06		Mo. Da. Yr. 05 15 60				REGULAR				01					

PRESENT ASSIGNMENT

31. Organizational Designations												Code		32. Location Of Official Station												Station Code	
DOP FE FE/JAO - TOKYO STATION SUPPORT STAFF - TOKYO												5171		TOKYO, JAPAN												37587	
33. Dept. - Field				34. Position Title				35. Position No.				36. Serv.		37. Occup. Series													
Dept - 1 USfld - 3 Fign - 5				Code 5 FISCAL ACCT ASST				3167				GS		0501.03													
38. Grade & Step				39. Salary Or Rate				40. SD		41. Date Of Grade				42. PSI Due		43. Appropriation Number											
05 3				\$ 4340				SF		Mo. Da. Yr. 09 23 57				Mo. Da. Yr. 09 18 60		0137 7351 3000											

44. Remarks

*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED

07-16-60 TOK

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
AES: 2 OCT 1959														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD	
125798		WILCOTT JAMES B JR				Mo. Da. Yr. 09 27 31			Non-1 5 PS-1 10 PS-2		Code 1		Mo. Da. Yr. 03 04 57	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. MIL. SERV. Ven.	
Mo. Da. Yr. 06 26 53		Yes - 1 No - 2 1		50 USCA 403.1		Mo. Da. Yr. Mo. Da. Yr.			Yes - 1 No - 2 03 04 57		Yes - 1 No - 2 03 04 57		Code 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		19. Location Of Official Station				Station Code	
DOS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				3803		WASH., D. C.				75013	
15. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - 2 USfld - 4 Frgn - 6		Code 2		FINANCE ASST		0470		GS		0510.14	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 3		\$ 4340		SF		Mo. Da. Yr. 09 22 57		Mo. Da. Yr. 09 20 59		9 6300 20 004	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		Mo. Da. Yr. 10 04 59		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DOS OFFICE OF THE COMPTROLLER FINANCE DIV, ACCOUNTS BR ACCOUNTING CONTROL SEC ACCTS RECEIVABLE AND PAYABLE UNIT				3803		WASH., D.C.				75013	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept - 2 USfld - 4 Frgn - 6		Code 2		FISCAL ACCT CLK		0506		GS		0501.04	
33. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 3		\$ 4340		SF		Mo. Da. Yr. 09 22 57		Mo. Da. Yr. 09 10 60		0263 1040	

44. Remarks


POSTED
fy 10-6-59

FORM NO 1 MAR 57 1150

SECRET

(4)

SECRET
(When Filled In)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORG.		4. FUND		5. ALLOTMENT					
125798		WILCOTT JAMES B JR		DDS/COMPT 11		V-20		26.3.46					
6. OLD SALARY RATE					7. NEW SALARY RATE								
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE				
			MO	DA	YR				MO DA YR				
GS	5	2	\$ 4,190	09	21	58	GS	5	3	\$ 4,340	09	20	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER													
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP							
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK		11. AUDITED BY					
TO BE COMPLETED BY THE OFFICE OF PERSONNEL													
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS							
GRADE	STEP	SALARY	MO	DA	YR								
14. AUTHENTICATION													
<p align="center">  66 APR 7 11 45 HONORARY TYPING UNIT PERIODIC STEP INCREASE - AUTHENTICATION </p>													

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
MCM 25 MAR 59													
1. Serial No.		2. Name (Last-First-Middle)				3. Date (M-D-Yr)		4. Vet. Pref.		5. Sex		6. CS - EOD	
125798		WILCOTT JAMES B JR				Mo. Da. Yr. 09 27 31		Non-0 5 Pt-1 10 Pt-2		Code 1		Mo. Da. Yr. 03 04 57	
7. SCD		8. CSC Reint.		9. CSC Or Other Legal Authority		10. Appt. Affidav.		11. FEGLI		12. LCD		13. Mil. Serv. Credit Acc.	
Mo. Da. Yr. 06 26 53		Yes-1 No-2		Code 1		50 USCA 403		Mo. Da. Yr. Mo. Da. Yr. Mo. Da. Yr. No-2		Yes-1 No-2		Code 2	

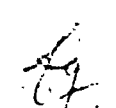
PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv		20. Occup. Series	
Dept - 2 USStd - 4 Frqn - 6		Code 2 TIME LV PAY CLK.				0305.02		GS		0544.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 2		\$ 4190		SF		Mo. Da. Yr. 09 22 57		Mo. Da. Yr. 09 21 58		8 6304 20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		03 25 59		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				3803		WASH., D. C.				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - 2 USStd - 4 Frqn - 6		Code 2 FINANCE ASST				0470		GS		0510.14	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 2		\$ 4190		SF		Mo. Da. Yr. 09 22 57		Mo. Da. Yr. 09 20 59		9 6300 20 004	
44. Remarks											
<p align="center">  POSTED 27 MAR 59 </p>											

ORIGINAL SALARY INCREASE RETROACTIVELY EFFECTIVE
 12 JANUARY 1959 AUTHORIZED BY P. L. 85 - 617 AND 621
 EFFECTIVE SALARY AS OF 12 JUNE 1959 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
WILCOTT JAMES B JR	125798	GS-05-1	\$ 3,670	\$ 4,040

EDDOWNE STEWART
 ASST. DIR. OF PERSONNEL

125798

IN LIFU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTING RESULTING
 FROM R-20-250

SER #	NAME	SD	OLD SLOT	NEW SLOT	DATE
125798	WILCOTT JAMES B JR	SF	0305.02	305	01/12/59

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2.	3. NAME	4. ASSIGNED ORGAN.	5. FUNDS	6. ALLOTMENT						
125798		WILCOTT, JAMES B JR	DDS/COMPT	V-20							
6. OLD SALARY RATE			7. NEW SALARY RATE								
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS. 5	1	\$ 4,040	09	22	57	GS 5	2	\$ 4,190	09	21	58
REMARKS											
CERTIFICATION											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
TYPED, OR PRINTED, NAME OF SUPERVISOR						DATE		SIGNATURE OF SUPERVISOR			
H. A. CANDLER						13 August 1958		<i>H. A. Candler</i>			
PERIODIC STEP INCREASE - CERTIFICATION											

FORM NO. 560
1 MAR 58

SECRET

PERSONNEL FOLDER

14

SECRET
(When Filled In)

00200

NOTIFICATION OF PERSONNEL ACTION														
MCM28 APRIL 58														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vac. Pref.		5. Sex		6. CS: EOD	
125798		WILCOTT, JAMES B JR				Mo. Da. Yr. 09 27 31			None-0 5 P-1 10 P-2		1 M 1		Mo. Da. Yr. 03 04 57	
7. SCD		8. CSC Reim.		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. Bill. Comp. Code	
Mo. Da. Yr. 06 26 57		Yes-1 No-2		Code 1		50 USCA 403 J			Mo. Da. Yr. 03 04 57		Yes-1 No-2		Code 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occu. Series	
Dept. - 2 USfld - 4 Frgn - 6		2				FINANCE ASST		0521.03		GS 0510.14	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 1		\$ 3670		SF		Mo. Da. Yr. 03 22 57		Mo. Da. Yr. 04 21 58		8 6304 20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		Mo. Da. Yr. 04 21 58		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				3803		WASH., D. C.				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occu. Series	
Dept. - 2 USfld - 4 Frgn - 6		2				TIME LV PAY CLK		0305.02		GS 0544.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 1		\$ 3670		SF		Mo. Da. Yr. 04 22 57		Mo. Da. Yr. 09 21 58		8 6304 20	

44. Remarks

POSTED
5/1/58 241

FORM NO 1150

1 MAR 57 156 4/25/58

SECRET

(4)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
MCM 21 FEB 58														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS-ECG	
125798		WILCOTT JAMES B JR				Mo. Da. Yr. 03 27 31			None-0 5 Pt-1 10 Pt-2 1		M 1		Mo. Da. Yr. 03 04 57	
7. SCD		8. CSC Reant.		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. Post. Serv. Code	
Mo. Da. Yr. 06 26 53		Yes-1 No-2 1		50 USCA 403		Mo. Da. Yr.			Yes-1 No-2		Mo. Da. Yr. 03 04 57		Yes-1 No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS BRANCH ALLOTMENT LEDGER SECTION				3802		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept. - 2 USfld - 4 Frqn - 6		2 FISCAL ACCT CLK		30.01		GS		0501.04			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 1		\$ 3670		SF		Mo. Da. Yr. 09 22 57		Mo. Da. Yr. 09 21 58		8 6303 20	

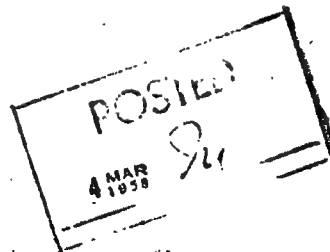
ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		02 23 58		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
GDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				3803		WASH., D. C.				75013	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept. - 2 USfld - 4 Frqn - 6		2 FINANCE ASST		0521.03		GS		0510.14			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 1		\$ 3670		SF		Mo. Da. Yr. 09 22 57		Mo. Da. Yr. 09 21 58		8 6304 20	

44. Remarks



SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. Serial No. 12572	2. Name (Last-First-Middle) WILCOX, JAMES E.	3. Date Of Birth Mo. Da. Yr. 01 27 71	4. Vet. Prof. None-0 5 Pt-1 10 Pt-2 1	5. Sex M 1	6. CS - EOB Mo. Da. Yr. 03 04 57
7. SCB	8. CSC Retmt. Yes-1 No-2 1	9. CSC Or Other Legal Authority 50 USCA 403 J	10. Apmt. Affidav. Mo. Da. Yr. 01 27 71	11. FEGLI Yes-1 No-2 1	12. LCD Mo. Da. Yr. 03 04 57
					13. <small>See Form 100</small> Yes-1 No-2 2

PREVIOUS ASSIGNMENT

14. Organizational Designations DUS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS PAYABLE ALLOTMENT LEXER SECTION		Code	15. Location Of Official Station WASHINGTON, D. C.		Station Code
16. Dept. - Field Dept - 2 USfld - 4 Frqn - 6	17. Position Title FISCAL ADJT CLK	18. Position No. 20.01	19. Serv. GS	20. Occup. Series 0501.04	
21. Grade & Step GS 1	22. Salary Or Rate \$ 2.15	23. SD SF	24. Date Of Grade Mo. Da. Yr. 01 27 71	25. PSI Due Mo. Da. Yr. 01 27 71	26. Appropriation Number 8 - 202 20

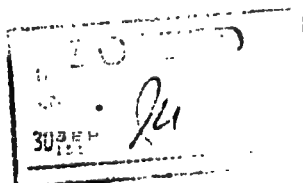
ACTION

27. Nature Of Action PROMOTION	Code 20	28. Eff. Date Mo. Da. Yr. 01 27 71	29. Type Of Employee REGULAR	Code 01	30. Separation Data
-----------------------------------	------------	--	---------------------------------	------------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DUS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS PAYABLE ALLOTMENT LEXER SECTION		Code	32. Location Of Official Station WASHINGTON, D. C.		Station Code
33. Dept. - Field Dept - 2 USfld - 4 Frqn - 6	34. Position Title FISCAL ADJT CLK	35. Position No. 20.01	36. Serv. GS	37. Occup. Series 0501.04	
38. Grade & Step GS 1	39. Salary Or Rate \$ 2.15	40. SD SF	41. Date Of Grade Mo. Da. Yr. 01 27 71	42. PSI Due Mo. Da. Yr. 01 27 71	43. Appropriation Number 8 - 202 20

44. Remarks



CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

P.C. 9 Nov 56
0-5481 njw

1. NAME (MR - MRS - MSG - ONE, GIVEN NAME, INITIALS, AND SURNAME) MR. JAMES B. WILCOFF, JR.		2. DATE OF BIRTH 27 Sep 1931	3. JOURNAL OR ACTION NO.	4. DATE 4 Mar 1957
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Accepted Appointment		6. EFFECTIVE DATE 4 Mar 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 j	
FROM		TO		
8. POSITION TITLE Fiscal Asst Clerk		X-30.01-4		
9. SERVICE, SERIES, GRADE, SALARY GS-0501.04-4		\$3415.00 per annum		
10. ORGANIZATIONAL DESIGNATIONS DDI/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section Washington, D. C.				
11. HEADQUARTERS 2				
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE WWII OTHER 5-PT. 10-POINT <input checked="" type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT		14. POSITION CLASSIFICATION ACTION NEW VICE I. A. REAL <input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL		
15. SEX M	16. APPROPRIATION FROM 7-6303-20 TO 750-13	17. SUBJECT TO C. 2. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVITS (EXCEPTIONS ONLY) 4 Mar 1957	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS. Subject to the satisfactory completion of a trial period of one year. Subject to the satisfactory completion of a medical examination. RC-135 DOO 03/04/57 CSEOD 03/04/57 LCD 03/04/57 SCD 06/26/53 PSI due 03/03/58 2 DOO 03/04/57 <div style="border: 1px solid black; padding: 5px; display: inline-block;">POSTED 6 MAR 1957</div>				
ENTRANCE PERFORMANCE RATING:				

Director of Personnel

4. PERSONNEL FOLDER COPY

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) Wilcott, James B., Jr.			2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07
5. OFFICIAL POSITION TITLE Fiscal Acct Asst			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/C	6. CURRENT STATION JMWAVE	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input checked="" type="checkbox"/> SPECIAL (Specify): Resignation		
11. DATE REPORT DUE (M.O.P.)			12. REPORTING PERIOD (From - To) 26 Apr 65 - 15 Apr 66		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Lists, computes and verifies four cover companies commercial payrolls involving approximately 200 persons. Prepares and verifies all salary checks. An accounting machine is used for payrolling.					RATING LETTER A
SPECIFIC DUTY NO. 2 Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel.					RATING LETTER W
SPECIFIC DUTY NO. 3 Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies					RATING LETTER A
SPECIFIC DUTY NO. 4 Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents.					RATING LETTER A
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER A

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give Office of Personnel Training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section A. Provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>Jul 15 10 37 AM '66</p> <p>During the period Subject was in charge of the Payroll Section at JMWAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion that being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient in this duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
12 months	Subject departed the Station without seeing this Report.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 Jun 1966	Chief, Finance Branch	/s/ H. Robert Graham	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
6 July 1966	Deputy Chief for Support	/s/ William A. Jewett	

SECRET

SECRET
(When Filled In)

REVIEWED BY:

P. H. Johnson

7

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						025798	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
WILCOTT, James B, Jr.			27 Sep 1931	M	GS-07	SF	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Finance Assistant			Fin/CFD/C&TAB		Wash., D. C.		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR				
CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE				
SPECIAL (Specify):			SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
ASAP			11 Oct. 1964 - 25 April 1965				
SECTION B PERFORMANCE EVALUATION:							
W - <u>Weak</u>		Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.					
A - <u>Adequate</u>		Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.					
P - <u>Proficient</u>		Performance is more than satisfactory. Desired results are being produced in a proficient manner.					
S - <u>Strong</u>		Performance is characterized by exceptional proficiency.					
O - <u>Outstanding</u>		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							RATING LETTER
SPECIFIC DUTY NO. 1 Analyzing Payroll Accounts							P
SPECIFIC DUTY NO. 2 Reconciling Tax and Retirement Accounts							P
SPECIFIC DUTY NO. 3 Computing Staff and Career Agents' Pay and Allowances							P
SPECIFIC DUTY NO. 4 Conducting Liaison with our Division regarding Payroll matters.							P
SPECIFIC DUTY NO. 5 Preparing Correspondence							A
SPECIFIC DUTY NO. 6 Maintaining Leave records and Agents' Pay Files							P
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER P

FORM 45 OBSOLETE PREVIOUS EDITIONS.

SECRET

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B and provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.

This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

30 April 1965

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

6

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

Employee had departed for PCS prior to this date.

DATE

30 April 1965

OFFICIAL TITLE OF SUPERVISOR

Chief, Staff Agents Accts. Sec.

TYPED OR PRINTED NAME AND SIGNATURE

JOSEPH H. HUDSON

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur.

DATE

30 April 1965

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, Compensation and Tax Div.

TYPED OR PRINTED NAME AND SIGNATURE

Murray F. Strickland

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 025798	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) Wilcott, James B. Jr			2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07
5. OFFICIAL POSITION TITLE Fiscal Acct Asst			7. OFF/DIV/BR OF ASSIGNMENT DDP/FE/JKO	6. CURRENT STATION Tokyo	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 31 Aug 64			12. REPORTING PERIOD (From - to) 1 July 1963 - 30 June 1964		
SECTION B PERFORMANCE EVALUATION					
W - Weak		Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.			
A - Adequate		Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.			
P - Proficient		Performance is more than satisfactory. Desired results are being produced in a proficient manner.			
S - Strong		Performance is characterized by exceptional proficiency.			
O - Outstanding		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.			
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).					P
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					P
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.					P
SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6 Advices TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER P
15 JUL 1964					

~~SECRET~~

NARRATIVE COMMENTS

OFFICE OF PERSONNEL

SECTION C

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject has performed his duties in a competent manner. ~~Unusually~~ huge sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 9 Jun 64	SIGNATURE OF EMPLOYEE /s/ James Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 23	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 9 Jun 64	OFFICIAL TITLE OF SUPERVISOR Finance Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ Frank Wells
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.		
DATE 7 Jun 64	OFFICIAL TITLE OF REVIEWING OFFICIAL Finance Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ Jack Randall

~~SECRET~~

FJTT 10,374, 31 May 63

CONFIDENTIAL
SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SO
WILCOTT, JAMES B. JR.			27 Sept 31	M	GS-6 SF
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR ASSIGNMENT 8. CURRENT STATION		
FISCAL ACCT ASST			DDF/FE/JKO Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
CAREER RESERVE TEMPORARY			INITIAL ANNUAL REASSIGNMENT SUPERVISOR		
CAREER-PROVISIONAL (See Instructions - Section C)			X ANNUAL REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 Jul 62 - 30 Jun 63		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).					P
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					P
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.					P
SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					P

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENT

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 21 May 1963	SIGNATURE OF EMPLOYEE /s/ James B. Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 33	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 21 May 1963	OFFICIAL TITLE OF SUPERVISOR Finance Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ Clarence Norment III
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL Concur in the evaluation.		
DATE 21 May 1963	OFFICIAL TITLE OF REVIEWING OFFICIAL Adm Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ Douglas S. Trabue

SECRET

CONFIDENTIAL

SECRET
(When Filled In)

REVIEWED BY:

Paul J. Oliver
or Career Service Board

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025778	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) WILCOTT, James B.			2. DATE OF BIRTH 27 Sept 31	3. SEX M	4. GRADE GS-6
5. OFFICIAL POSITION TITLE Fiscal Acct Asst.			6. OFF/DIV/BR OF ASSIGNMENT FE/Tokyo	7. CURRENT STATION Tokyo	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 Apr 61 - 30 June 62		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash.					P
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					S
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.					S
SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					P

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
19 July 1962	James B. Wilcott /e/		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
25			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1962	Finance Officer	Elwood Martin	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1962	Finance Officer	Clarence F. Norment	

SECRET

SECRET
(When Filled In)

REVIEWED BY:

Pub. J. Oliver
Supervisor

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 525798				
SECTION A GENERAL								
1. NAME (Last) (First) (Middle) WILCOTT, James B		2. DATE OF BIRTH 27 Sept 1931		3. SEX M	4. GRADE GS-05			
5. SERVICE DESIGNATION SF		6. OFFICIAL POSITION/TITLE Fiscal Acct. Asst.		7. OFF/DIV/BR OF ASSIGNMENT Tokyo Station				
8. CAREER STAFF STATUS			9. TYPE OF REPORT					
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P. x 31 May 1961		11. REPORTING PERIOD 27 May 60 to 31 Mar 61						
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES								
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).								
1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding								
SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash.		RATING NO. 4	SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.		RATING NO. 4			
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.		RATING NO. 4	SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.		RATING NO. 4			
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.		RATING NO. 5	SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.		RATING NO. 4			
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION								
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.								
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4			
SECTION D DESCRIPTION OF THE EMPLOYEE								
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee								
1 - Least possible degree 2 - Limited degree 3 - Normal degree 4 - Above average degree 5 - Outstanding degree								
CHARACTERISTICS		NOT APPLICABLE	NOT OBSERVED	RATING				
				1	2	3	4	5
GETS THINGS DONE							X	
RESOURCEFUL							X	
ACCEPTS RESPONSIBILITIES						X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X		
DOES HIS JOB WITHOUT STRONG SUPPORT						X		
FACILITATES SMOOTH OPERATION OF HIS OFFICE		X						
WRITES EFFECTIVELY		X						
SECURITY CONSCIOUS						X		
THINKS CLEARLY							X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							X	
OTHER (Specify):								

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE		
<p>Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.</p> <p>Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he has no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.</p> <p>Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naiveté are sometimes disconcerting to those with whom he deals.</p>		
<p>This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.</p>		
SECTION F CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
3 May 1961	James B. Wilcott (Signed)	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
8		
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3 May 1961		Elwood Martin
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 May 1961		Clarence Norment

SECRET

SECRET

(When Filled In)

REVIEWED BY:

Paul J. Johnson
SUPERVISORY BOARD

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE
Wilcott, James B. Jr.	27 September 1931	M	5-3
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	
SS	Fiscal Accountant Clerk	Compt/Finance/Accts	
8. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD	
30 April 1960		1 APR 59 - 31 MAR 60	
SPECIAL (Specify)			

SECTION B

EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding

SPECIFIC DUTY NO. 1 Responsible for numbering, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine	RATING NO.	SPECIFIC DUTY NO. 1 (continued)	RATING NO.
		Records Division	4
SPECIFIC DUTY NO. 2 Responsible for verifying the daily expenditure listing totals with the expended general ledger accounts.	RATING NO.	SPECIFIC DUTY NO. 2	RATING NO.
	4		
SPECIFIC DUTY NO. 3 Responsible for matching the attachments to the vouchers and filing when vouchers are returned from Machine Records Division.	RATING NO.	SPECIFIC DUTY NO. 3	RATING NO.
	4		

SECTION C

EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects fails to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.
4

SECTION D

DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree
CHARACTERISTICS				
GETS THINGS DONE				X
RESOURCEFUL			X	
ACCEPTS RESPONSIBILITIES			X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	X			
DOES HIS JOB WITHOUT STRONG SUPPORT				X
FACILITATES SMOOTH OPERATION OF HIS OFFICE			X	
WRITES EFFECTIVELY	X			
SECURITY CONSCIOUS				X
THINKS CLEARLY				X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS	X			
OTHER (Specify):				

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE		
<p>Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.</p>		
<p>Subject has accepted a field assignment effective in June.</p> <p>The position to which subject has been assigned is very repetitious and not at all conducive to disclosing his full potential. However, by the way in which he adapted to Duty No. 2, it is felt that he will be able to perform more responsible duties with a minimum of additional training.</p> <p>He has an extremely good attitude toward his work and responds well to supervision.</p> <p>This report has been prepared in accordance with the criteria set forth in Comptroller Instruction No. 77 which are designed to reflect realistic and meaningful ratings and fair comparisons between the employee and his fellow workers of equal grade, title or responsibility. An "average" rating reflects an entirely satisfactory performance.</p>		
APR 21 1 12 PM '60		
SECTION F CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
19 April 1960	James E. Willett Jr	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
12 Months		
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		
REPORT MADE WITHIN LAST 90 DAYS		
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
18 April 1960	C/Voucher Review Unit	Louise H. Simpson
3. BY REVIEWING OFFICIAL		
I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
4/18/60	DC/Accounts Branch	M. F. Strickland

SECRET

SECRET

REVIEWED BY:

When Filled In

REVIEWED BY: *Robert L. Johnson*

OFFICE OF THE CHIEF OF THE SERVICE BOARD

EMPLOYEE SERIAL NUMBER

125798

FITNESS REPORT

SECTION A

GENERAL

1. NAME (Last) (First) (Middle) Wilcott, Jr. James B.			2. DATE OF BIRTH 27 Sept. 1931		3. SEX M	4. GRADE GS-5
5. SERVICE DESIGNATION SP		6. OFFICIAL POSITION/TITLE Time Leave Pay Clerk			7. OFF/DIV/BR OF ASSIGNMENT Compt/ Finance Division	
8. CAREER STATUS			9. TYPE OF REPORT			
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
10. DATE REPORT DUE IN O.P. 30 April 1959			11. REPORTING PERIOD From 1 Apr 58 To 31 Mar 59			

SECTION B

EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Fundamental of Payroll		RATING NO. 3	SPECIFIC DUTY NO. 4 Coordinating liaison with Area divisions on payroll problems		RATING NO. 3	
SPECIFIC DUTY NO. 2 Preparation of all payroll documents considering base and premium pay and allowances		RATING NO. 3	SPECIFIC DUTY NO. 5 Application of Agency pay regulations		RATING NO. 4	
SPECIFIC DUTY NO. 3 Maintaining of leave records		RATING NO. 3	SPECIFIC DUTY NO. 6 Processing of checks		RATING NO. 4	

SECTION C

EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects fails to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

 RATING NO.
3

SECTION D

DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree							
CHARACTERISTICS					NOT APPLICABLE	NOT OBSERVED	RATING				
						1	2	3	4	5	
GETS THINGS DONE											
RESOURCEFUL											
ACCEPTS RESPONSIBILITIES											
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES											
DOES HIS JOB WITHOUT STRONG SUPPORT											
FACILITATES SMOOTH OPERATION OF HIS OFFICE											
WRITES EFFECTIVELY											
SECURITY CONSCIOUS											
THINKS CLEARLY											
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS											
OTHER (Specify):											

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his ~~ability~~ ^{ability} for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Mr. McCott is a genial and cooperative ^{MAR 16 2 19 PM '59} liked and gets along with people. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does not ^{MAN} require supervision.

He does not abuse his leave privileges and as a whole, has a favorable attitude toward his work and the Agency.

SECTION F

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE March 10, 1959	SIGNATURE OF EMPLOYEE James S. McCott Jr. <i>James S. McCott Jr.</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 3	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION <i>[Signature]</i>	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE March 10, 1959	OFFICIAL TITLE OF SUPERVISOR Time, Leave, Pay Supv.	TYPED OR PRINTED NAME AND SIGNATURE Ann C. Robbins <i>Robbins</i>
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE March 10, 1959	OFFICIAL TITLE OF REVIEWING OFFICIAL A/C, Staff Employees Accts. Sect. Addie B. Lewis	TYPED OR PRINTED NAME AND SIGNATURE <i>Addie B. Lewis</i>

SECRET

SECRET
(When Filled In)

FITNESS REPORT (Part I) - PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

SECTION A.

GENERAL

1. NAME (Last) (First) (Middle) Wilcott, James B.	2. DATE OF BIRTH 27 Sept. 1931	3. SEX M	4. SERVICE DESIGNATION SP
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Comptroller - Fiscal Division		6. OFFICIAL POSITION TITLE Fiscal Acct. Clerk	
7. GRADE GS-5	8. DATE REPORT DUE IN OP 4 December 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 4 March 1957 - 4 December 1957	
10. TYPE OF REPORT (Check one) <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		11. REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify)	

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	<input type="checkbox"/> IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	<input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE 5 Dec. 1957	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR Ben H. Marlon <i>Ben H. Marlon</i>	D. SUPERVISOR'S OFFICIAL TITLE Deputy Chief, Accounting Br.
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2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY	DATE
Posted Pos. Control <i>WHA</i>	<i>10 Dec 57</i>
Reviewed by POC <i>WHD</i>	<i>10 Dec 57</i>

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE 5 Dec. 1957	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL R. W. Grandstaff <i>R. W. Grandstaff</i>	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, Accounting Branch
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SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

<div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">4</div> INSERT RATING NUMBER	1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
	2 - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
	3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEARINESS.
	4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
	5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
	6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS: Mr. Wilcott is very industrious and accepts his assignments without hesitation.

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of that specific duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:
- | | | | |
|-----------------------------|--------------------------------|--------------------------------|----------------|
| ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | MAIL ROOMS | INTERROGATIONS |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES SUMMARIES | |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | TRANSLATES GERMAN | |
| WRITING TECHNICAL REPORTS | MANAGES FILES | DEBRIEFING SOURCES | |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS | |
| TYPING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK | |
| TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING | |
| SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA | |
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
	3 - PERFORMS THIS DUTY ACCEPTABLY	
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
	5 - PERFORMS THIS DUTY IN SUCH A FINE-MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	

SPECIFIC DUTY NO. 1 Records obligating instruments, supplements and adjustments relating to allotment accounting.	RATING NUMBER 4	SPECIFIC DUTY NO. 4 Assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year.	RATING NUMBER 4
SPECIFIC DUTY NO. 2 Prepares current analysis of allotment ledger accounts of unliquidated obligations.	RATING NUMBER 4	SPECIFIC DUTY NO. 5 Records liquidations and cancellations of obligations to individual allotment accounts.	RATING NUMBER 4
SPECIFIC DUTY NO. 3 Checks and reconciles items of expenditures with those in the allotment ledger accounting records.	RATING NUMBER 4	SPECIFIC DUTY NO. 6 Prepares summaries required for reconciliations and duplicate allotment records (copies) for forwarding to the various allottees.	RATING NUMBER 4

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Mr. Wilcott is very anxious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better acquainted with government accounting as has been evidenced by his enrollment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.

SECTION D.

SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual....productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO. IF YES, EXPLAIN FULLY:

He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas assignment, as this was a part of his ambition in seeking employment with the Agency. It is believed that he could readily adapt himself to other duties in the field of accountancy.

SECRET

Standard Form No. 2873
FPM Supplement 893.1
MAY 1966

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM
NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

GAO 3000
2810 104

Part A—IDENTIFYING DATA

1 NAME (LAST) (FIRST) (MIDDLE INITIAL) Wilcott, James E., Jr.	2 DATE OF BIRTH 9/27/31	3 CARRIER CONTRACT NO. 078128
4 ADDRESS (NUMBER AND STREET) 16620 S.W. 102 Avenue	5 PAYROLL OFFICE TAG 11239901	6 EMPLOYMENT CODE NO. 425
(CITY) (STATE) (ZIP CODE) Ferris, Florida	7 DATE THIS NOTICE BECOMES EFFECTIVE 23 April 1966	

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B—TERMINATION

☒ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE

Part C—CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN

Part D—TRANSFER OUT

☐ YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM)

Part E—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT ☐

Part F—SUSPENSION

☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE

Part G—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE. ☐

Part H—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO. ☐

NAME

ADDRESS IF DIFFERENT FROM PART A, ITEM 4, ABOVE

DATE OF BIRTH

Part I—CHANGE IN ENROLLMENT—SURVIVOR ANNUITY

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD ☐

YOUR NEW ENROLLMENT
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J—REMARKS

Part K—DATE OF NOTICE

[Signature]
Central Intelligence Agency
Washington 25, D. C.
7/30/66
DATE
HEALTH BENEFITS OFFICER
(ALTERNATE) NAME OF AGENCY ADDRESS

U. S. GOVERNMENT PRINTING OFFICE: 1964 727-104 QUADRUPLICATE—To Employing Office

SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER Robert D. GISH JR.	DIVISION DPP/AM
INSTRUCTIONS: Use HR 20-33 and HR 20-1220 for guidance. Complete all items, including those which are not applicable. Forward original and two copies for preparation of contract.		TELEPHONE EXTENSION 6576	DATE 26 April 1959
SECTION I GENERAL			
1. NAME <input checked="" type="checkbox"/> PSEUDO <input type="checkbox"/> TRUE McIntire, James E.	2A. PROJECT W/Code	3. ALLOTMENT NO. SUS-1164	4. SLOT NO. 1035
5. PREVIOUS CIA PSEUDONYM OR ALIASES None	2B. PERMANENT STATION CIVILIAN	3A. FUNDS X YES <input type="checkbox"/> NO	
6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include dates and agency.) Staff Employee converting to Staff Agent			
7. SECURITY CLEARANCE (Type and date) Top Secret	7A. MEDICAL CLEARANCE <input checked="" type="checkbox"/> CONTAINED <input type="checkbox"/> INITIATED <input type="checkbox"/> NOT REQ'D.	8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Staff Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP U.S.A.	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE 33	14. DATE OF BIRTH (Month, day, year) 21 September 27, 1931
15. LEGAL RESIDENCE (City and state or country) Cold Brook, N. Y.		16. CURRENT RESIDENCE (City and state or country) Forestville, Md.	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE: Wife 30 Son 6		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE N.A.	21. VETERAN Yes	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
23. BRANCH OF SERVICE U. S. Army	24. RANK OR GRADE Corporal	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY GS-07(4)	28. POST DIFFERENTIAL N.A.	29. COVER (Breakdown, if any) The gross cover compensation will be approximately the equivalent of Subject's Agency salary. The exact amount to be determined at finance briefing.	
		30. FEDERAL TAX WITHHOLDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS None	32. POST None	33. OTHER None	
34. COVER (Breakdown, if any)			
SECTION VI TRAVEL			
35. TYPES <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HME TO BE SHIPPED X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	37A. HME TO BE STORED X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	38. PERSONAL VEHICLE TO BE SHIPPED X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH Wife U.S.A. 30 9 Sept. 1934 Son U.S.A. 6 16 Feb. 1959			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

SECRET

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)		CASE OFFICER ROBERT D. CASILLAN		DIVISION DDP/GH	
WITH SEE INSTRUCTIONS ON FIRST SHEET.		TELEPHONE EXTENSION 6576		DATE 26 April 1965	

SECTION VIII OTHER BENEFITS

46. BENEFITS (See HR 20-44, HR 20-41, HR 20-7, HR 20-33, and HR 20-620-1, MD 20-1000-1, and/or successor regulations for benefits applicable to various categories of contract personnel.)

Entitled to all benefits of a Staff Employee

SECTION IX COVER ACTIVITY

47. STATUS (Check)	<input type="checkbox"/> PROPOSED <input checked="" type="checkbox"/> ESTABLISHED	48. TYPE (Check)	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> SUBSIDIZED	<input type="checkbox"/> CULTURAL <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> TOURIST
--------------------	--	------------------	---	--	--

49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS

☐ YES ☒ NO ☐ COMPLETE ☐ PARTIAL

SECTION X OFFSET OF INCOME

50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)

☒ TOTAL ☐ PARTIAL ☐ NONE

SECTION XI TERM

51. DURATION	52. EFFECTIVE DATE	53. RENEWABLE
<input type="checkbox"/> DAYS <input type="checkbox"/> MONTHS <input type="checkbox"/> YEARS		<input type="checkbox"/> YES <input type="checkbox"/> NO

54. TERMINATION NOTICE (Number of days)

55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION

☐ YES ☐ NO

SECTION XII FUNCTION

56. PRIMARY FUNCTION (CI, FI, PP, other)

Support - Finance

SECTION XIII DUTIES

57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED

Fiscal Accounting Assistant

SECTION XIV QUALIFICATIONS

58. EXPERIENCE

EOC CIA as Staff Employee 4 March 1957

59. EDUCATION (Check Highest Level Attained)	<input type="checkbox"/> GRADE SCHOOL <input type="checkbox"/> HIGH SCHOOL GRADUATE <input type="checkbox"/> TRADE SCHOOL GRADUATE							
	<input type="checkbox"/> BUSINESS SCHOOL GRADUATE <input type="checkbox"/> COMMERCIAL SCHOOL GRADUATE							
	<input checked="" type="checkbox"/> COLLEGE (No degree)		<input type="checkbox"/> COLLEGE DEGREE		<input type="checkbox"/> POST GRADUATE		<input type="checkbox"/> MA <input type="checkbox"/> PHD	

60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)	LANGUAGE	SPEAK	WRITE	READ	61. INDIVIDUAL'S COUNTRY OF ORIGIN U.S.A.	
		FLUENT AVERAGE POOR	FLUENT AVERAGE POOR	FLUENT AVERAGE POOR		
	German		X			X
	Japanese		X			X

62. AREA KNOWLEDGE

Okinawa, Japan

SECTION XV EMPLOYMENT PRIOR TO CIA

63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING

Dec. 1948 - March 1957 - U. S. Army

SECTION XVI ADDITIONAL INFORMATION

64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary)

Social Security No. 103-24-6095

☐ OVER

APPROVAL

DATE <u>26 April 1965</u> TYPED NAME & SIGNATURE OF REQUESTING OFFICIAL <u>ROBERT D. CASILLAN</u>	DATE <u>26 April 1965</u> TYPED NAME & SIGNATURE OF CONTRACT APPROVING OFFICER <u>[Signature]</u>
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Standard Form No. 2849
CHAPTER 1-5 F.P.M.
G.O.A. 1000

ALTH BENEFITS REGISTRATION FC 1

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

(Read instructions on back of last page. Use only typewriter or ballpoint pen.)

CARDER'S CONTROL NO.

078128

PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) Elcott James B., Jr.	2. DATE OF BIRTH (Use numbers) MONTH DAY YEAR 9 27 31	3. Are you now married? YES <input checked="" type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2
	4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBERS) (STATE) [Blank]	5. SEX MALE <input checked="" type="checkbox"/> 1 FEMALE <input checked="" type="checkbox"/> 2	
	6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 3		7. Place an "X" in proper box to show your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> 1 \$4,000 TO \$5,999 <input checked="" type="checkbox"/> 2 \$6,000 TO \$9,999 <input type="checkbox"/> 3 \$10,000 OR OVER <input type="checkbox"/> 4

PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN. If enrollment is for self only, answer from 1. If enrollment is for self and family, also answer from 2 and item 3 if it applies. THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.) NAME OF PLAN Association Benefit OPTION (HIGH OR LOW) Low ENROLLMENT CODE NUMBER 1 2 5	
	2. In order to enroll all eligible family members without exception, list your wife or husband first, then your unmarried children under age 19, including legally adopted children and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)	
	NAME OF FAMILY MEMBERS Wife or Husband Elsie Louise Steven James (son)	DATE OF BIRTH (Month, Day, Year) 9 9 31 2 16 59
	NAME OF FAMILY MEMBERS [Blank] [Blank] [Blank] [Blank]	DATE OF BIRTH (Month, Day, Year) [Blank] [Blank] [Blank] [Blank]
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support because of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	1. I elect to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>		3. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1 (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2 (c) Any other reason. <input type="checkbox"/> 3	
	2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>			

PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	1. I elect to change my enrollment as shown by the enrollment number and other information in Part B.		
	1. Enrollment code number of present plan. [Blank]	2. Number of event which permits change. (See table on back of duplicate for proper number.) [Blank]	3. Date of event which permits change MONTH DAY YEAR [Blank]

PART E ALL WHO REGISTER MUST FILL IN THIS PART	YOUR SIGNATURE—DO NOT PRINT [Signature] (DATE) 11/1/60		WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

PART F TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS OF EMPLOYING OFFICE [Blank]	2. DATE RECEIVED IN EMPLOYING OFFICE 1/24/61	3. EFFECTIVE DATE OF ELECTION 7/1/60
	4. PAYROLL OFFICE NO. [Blank]		5. PAYROLL ACTION (INITIALS AND DATE) [Blank]
	SIGNATURE OF AUTHORIZED AGENCY OFFICIAL [Blank]		

REMARKS FOR USE ONLY BY ANNUITANTS AND AGENCY.	[Blank]	
	525772	

TriPLICATE—To Employing Office

APRIL 1956

11-367

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointees

CENTRAL INTELLIGENCE AGENCY
(Department or agency)

WASHINGTON, D. C.
(Bureau or division)

(Place of employment)

I, JAMES BERNARD WILCOTT, JR., do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

4 March 1957

(Date of entrance on duty)

James B. Wilcott, Jr.
(Signature of appointee)

Subscribed and sworn before me this 4th day of March A. D. 1957,

at Washington, D. C.
(City) (State)

[SEAL]

Ann L. Phillips
(Signature of official)
Appointment Clerk
(Title)

5 USC 15 & 161

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrest or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1426 21st Street N.W. Washington, D. C.

2. (1) DATE OF BIRTH (2) PLACE OF BIRTH (city and State or city and foreign country)

9/30/51 Cleveland, Ohio

2. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY (B) RELATIONSHIP (C) STREET AND NUMBER, CITY AND STATE *Utica* (D) TELEPHONE NO.

Mrs Geroldine Miller sister 1510 Brinterhoff Ave N.Y.

6. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO

If so, for each such relative fill in the blank below. If additional space is necessary, complete under item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR- RFD	SIN- GLE (Check one)
		1.			
		2.			
		3.			
		1.			
		2.			
		3.			
		1.			
		2.			
		3.			

[illegible]

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply.)

[illegible]

INSTRUCTIONS TO APPOINTING OFFICER.—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment.

This form should be checked by the holder of office, pension, any record of recent discharge, or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

12 March 1959

To: Personnel Division
From: James B. Wilcott, Jr.
Subject: Supplements to personnel records

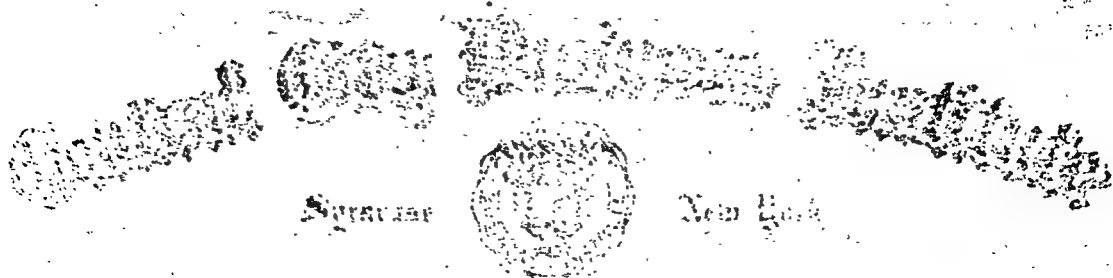
Please add to my personnel records the attached information concerning my education and recently born child.

When I submitted my Personnel History Statement with my application for employment I was still attending business school. Therefore, my final transcript and graduation certificate were not included.

The attached auto-stat copies are attached as instructed by Personnel Division.

Also attached is a copy of my grade report for the 1st and 2nd semesters at the U. S. Department of Agriculture Graduate school for Elementary Federal Government Accounting.

James B Wilcott Jr.
JAMES B WILCOTT JR



Syracuse

New York

Be it Known That
James H. Wilcott

has completed the curriculum prescribed by the Faculty and Board of Directors of this
Institute and after examinations in all the required subjects is therefore adjudged worthy
of Graduation from the Course of

Executive Business Administration and Accounting

and is entitled to all the rights, privileges, and honors of the Institute, by which these
privileges are conferred.

In testimony whereof, witness the seal of the Institute and the signatures of its officers
are affixed at Syracuse, New York.

February 22, 1957

Donald J. Hall
Donald J. Hall, Sec'y

Amplitude: 1.0

Subject	Grade	Class	Credits	Subject	Grade	Class	Credits
English I	B	2	3	English II	B	2	3
English II	B	2	3	English III	B	2	3
English III	B	2	3	English IV	B	2	3
Mathematics I	B	2	3	Mathematics II	B	2	3
Mathematics III	B	2	3	Mathematics IV	B	2	3
Science I	B	2	3	Science II	B	2	3
Science III	B	2	3	Science IV	B	2	3
History I	B	2	3	History II	B	2	3
History III	B	2	3	History IV	B	2	3
Physical Education	B	2	3	Physical Education	B	2	3
Art I	B	2	3	Art II	B	2	3
Art III	B	2	3	Art IV	B	2	3
Music I	B	2	3	Music II	B	2	3
Music III	B	2	3	Music IV	B	2	3
Foreign Language I	B	2	3	Foreign Language II	B	2	3
Foreign Language III	B	2	3	Foreign Language IV	B	2	3
Computer Science	B	2	3	Computer Science	B	2	3
Health Education	B	2	3	Health Education	B	2	3
Philosophy	B	2	3	Philosophy	B	2	3
Religion	B	2	3	Religion	B	2	3
Government	B	2	3	Government	B	2	3
Law	B	2	3	Law	B	2	3
Business	B	2	3	Business	B	2	3
Engineering	B	2	3	Engineering	B	2	3
Architecture	B	2	3	Architecture	B	2	3
Design	B	2	3	Design	B	2	3
Writing	B	2	3	Writing	B	2	3
Reading	B	2	3	Reading	B	2	3
Research	B	2	3	Research	B	2	3
Statistics	B	2	3	Statistics	B	2	3
Calculus	B	2	3	Calculus	B	2	3
Algebra	B	2	3	Algebra	B	2	3
Geometry	B	2	3	Geometry	B	2	3
Trigonometry	B	2	3	Trigonometry	B	2	3
Number Theory	B	2	3	Number Theory	B	2	3
Group Theory	B	2	3	Group Theory	B	2	3
Ring Theory	B	2	3	Ring Theory	B	2	3
Field Theory	B	2	3	Field Theory	B	2	3
Module Theory	B	2	3	Module Theory	B	2	3
Category Theory	B	2	3	Category Theory	B	2	3
Topology	B	2	3	Topology	B	2	3
Algebraic Geometry	B	2	3	Algebraic Geometry	B	2	3
Differential Geometry	B	2	3	Differential Geometry	B	2	3
Riemannian Geometry	B	2	3	Riemannian Geometry	B	2	3
Complex Analysis	B	2	3	Complex Analysis	B	2	3
Real Analysis	B	2	3	Real Analysis	B	2	3
Functional Analysis	B	2	3	Functional Analysis	B	2	3
Harmonic Analysis	B	2	3	Harmonic Analysis	B	2	3
Probability	B	2	3	Probability	B	2	3
Statistics	B	2	3	Statistics	B	2	3
Mathematical Physics	B	2	3	Mathematical Physics	B	2	3
Mathematical Chemistry	B	2	3	Mathematical Chemistry	B	2	3
Mathematical Biology	B	2	3	Mathematical Biology	B	2	3
Mathematical Economics	B	2	3	Mathematical Economics	B	2	3
Mathematical Engineering	B	2	3	Mathematical Engineering	B	2	3
Mathematical Medicine	B	2	3	Mathematical Medicine	B	2	3
Mathematical Law	B	2	3	Mathematical Law	B	2	3
Mathematical Business	B	2	3	Mathematical Business	B	2	3
Mathematical Education	B	2	3	Mathematical Education	B	2	3
Mathematical Philosophy	B	2	3	Mathematical Philosophy	B	2	3
Mathematical Religion	B	2	3	Mathematical Religion	B	2	3
Mathematical Government	B	2	3	Mathematical Government	B	2	3
Mathematical Law	B	2	3	Mathematical Law	B	2	3
Mathematical Business	B	2	3	Mathematical Business	B	2	3
Mathematical Education	B	2	3	Mathematical Education	B	2	3
Mathematical Philosophy	B	2	3	Mathematical Philosophy	B	2	3
Mathematical Religion	B	2	3	Mathematical Religion	B	2	3
Mathematical Government	B	2	3	Mathematical Government	B	2	3
Mathematical Law	B	2	3	Mathematical Law	B	2	3
Mathematical Business	B	2	3	Mathematical Business	B	2	3
Mathematical Education	B	2	3	Mathematical Education	B	2	3
Mathematical Philosophy	B	2	3	Mathematical Philosophy	B	2	3
Mathematical Religion	B	2	3	Mathematical Religion	B	2	3

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$\lambda_1 = 0, \lambda_2 = 1, \lambda_3 = 2$
 $\mu_1 = 1, \mu_2 = 1$
 $\nu_1 = 1, \nu_2 = 1$
 $\rho_1 = 1, \rho_2 = 1, \rho_3 = 1$
 $\sigma_1 = 1, \sigma_2 = 1, \sigma_3 = 1$
 $\tau_1 = 1, \tau_2 = 1, \tau_3 = 1$
 $\omega_1 = 1, \omega_2 = 1, \omega_3 = 1$
 $\xi_1 = 1, \xi_2 = 1, \xi_3 = 1$
 $\eta_1 = 1, \eta_2 = 1, \eta_3 = 1$

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264 A. *Erioseidon*, red. *Gomph.* Dec. 27/1966

U.A.

2. The second part of the paper discusses the impact of the 1997-1998 Asian financial crisis on the performance of the Asian economies. The paper shows that the crisis had a significant impact on the performance of the Asian economies, particularly in the area of economic growth. The paper also discusses the impact of the crisis on the financial markets of the Asian economies, particularly in the area of stock prices and bond yields. The paper concludes that the crisis had a significant impact on the performance of the Asian economies, and that the impact was particularly severe in the area of economic growth.

... 24 Oct

1892

[illegible]

James B. Watson

10-1 1/2 2, 1 1/2 2, 1 1/2 2

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840.

1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 26

2.

25 Kent Ave.

| SECTION IX | | MARITAL STATUS | | | | | |
|--|--|---------------------------------|----------------------------------|----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| 1. CHECK ONE: | | <input type="checkbox"/> SINGLE | <input type="checkbox"/> MARRIED | <input type="checkbox"/> WIDOWED | <input type="checkbox"/> SEPARATED | <input type="checkbox"/> DIVORCED | <input type="checkbox"/> ANNULLED |
| 2. STATE DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS | | | | | | | |
| | | | | | | | |
| WIFE OR HUSBAND: IF YOU HAVE BEEN MARRIED MORE THAN ONCE, INCLUDING ANNULMENTS, USE SHEET FOR FORMER WIFE OR HUSBAND, GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES. | | | | | | | |
| 3. NAME OF SPOUSE (First) (Middle) (Nee) (Last) | | | | | | | |
| 4. DATE OF MARRIAGE | | 5. PLACE OF MARRIAGE | | | | | |
| 6. DATE OF BIRTH | | 7. PLACE OF BIRTH | | | | | |
| 8. NATIONALITY AT BIRTH | | 9. SUBSEQUENT CITIZENSHIPS | | | | | |
| 10. PRESENT RESIDENCE (Last residence, if deceased) | | | | | | | |
| SECTION X | | CHILDREN | | | | | |
| FULL NAME | | SEX | | YEAR OF BIRTH | PLACE OF BIRTH | NATIONALITY AT BIRTH* | |
| | | M | F | | | | |
| STEVEN JAMES WILCOTT | | X | | 1959 | Washington, D. C. | U.S. citizen | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| *SUBSEQUENT CITIZENSHIPS HELD BY ANY CHILD (Identify child and give his, or her, present address) | | | | | | | |
| SECTION XI | | FATHER | | | | | |
| 1. FULL NAME | | 2. YEAR OF BIRTH | | 3. PLACE OF BIRTH | | 4. NATIONALITY AT BIRTH | |
| 5. SUBSEQUENT CITIZENSHIPS | | 6. OCCUPATION | | 7. PRESENT RESIDENCE | | | |
| SECTION XII | | MOTHER | | | | | |
| 1. FULL NAME | | 2. YEAR OF BIRTH | | 3. PLACE OF BIRTH | | 4. NATIONALITY AT BIRTH | |
| 5. SUBSEQUENT CITIZENSHIPS | | 6. OCCUPATION | | 7. PRESENT RESIDENCE | | | |

| SECTION II CITIZENSHIP | | | | | | | | |
|---|---|---|----------|-----------------------|-------|----|------------|----|
| 1. PRESENT CITIZENSHIP | | 2. NATIONALITY AT BIRTH AND ANY SUBSEQUENT CITIZENSHIPS (If different than Item 1.) | | | | | | |
| 3. PRESENT RESIDENCE (Indicate as owner, tenant or sub-tenant) | | | | | | | | |
| 4. PERMANENT ADDRESS (If different than Item 3.) | | | | | | | | |
| 5. IF U.S. NATURALIZED CITIZEN, GIVE NAME, DATE, CITY AND NUMBER OF CERTIFICATE GRANTED | | | | | | | | |
| 6. TRAVEL OUTSIDE COUNTRY OF PRESENT RESIDENCE (Countries, dates and purposes) | | | | | | | | |
| | | | | | | | | |
| SECTION III OCCUPATIONAL AND FINANCIAL DATA | | | | | | | | |
| 1. PRESENT OCCUPATION | | 2. TITLE | | 3. SALARY (Per annum) | | | | |
| 4. FINANCIAL STATUS (Earnings, bank deposits, securities and property) | | | | | | | | |
| | | | | | | | | |
| SECTION IV ORGANIZATIONAL AFFILIATIONS | | | | | | | | |
| 1. MEMBERSHIP IN RELIGIOUS ORGANIZATIONS | | | | | | | | |
| 2. PRESENT AND PAST MEMBERSHIP IN PROFESSIONAL AND SOCIAL ORGANIZATIONS; POLITICAL AFFILIATIONS | | | | | | | | |
| | | | | | | | | |
| SECTION V EDUCATIONAL DATA | | | | | | | | |
| 1. SCHOOLS | | | | | | | | |
| NAME AND LOCATION OF SCHOOL | NAME OF COURSE | DATES ATTENDED | | DEGREE RECEIVED | | | | |
| | | FROM | TO | | | | | |
| US Dept. of Agriculture Graduate School Wash D. C. | Elementary Federal Gov. Accounting 1st semester | Sept 1957 | Feb 1958 | Grade - B | | | | |
| US Dept. of Agriculture Graduate School Wash D. C. | Elementary Federal Gov. Accounting 2nd semester | Feb 1958 | May 1958 | Grade - A | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2. LANGUAGES AND DIALECTS | | | | | | | | |
| LANGUAGE

(List below each language in which you possess any degree of competence.) | COMPETENCE | | | | | | | |
| | READ | | WRITE | | SPEAK | | UNDERSTAND | |
| | YES | NO | YES | NO | YES | NO | YES | NO |
| | | | | | | | | |
| | | | | | | | | |

SECRET

(When Filled In)

PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT

THIS DATE

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I

GENERAL

1. FULL NAME (Last-First-Middle)

Wilcott, James Bernard Jr.

2. CURRENT ADDRESS (No., Street, City, Zone, State)

Governor Shepard Apts Apt 103
2121 Virginia Ave NW Washington, 7 D.C.

3. PERMANENT ADDRESS (No., Street, City, Zone, State)

same

4. HOME TELEPHONE NUMBER

NA-8-3771 Ex 103

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE

Washington, D.C.

SECTION II

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) *PREFERABLY RESIDING IN U.S.

Mrs. Elsie L. Wilcott

2. RELATIONSHIP

Wife

3. HOME ADDRESS (No., Street, City, Zone, State, Country)

2121 Virginia Ave NW Washington 7, D.C.

4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country); INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE

2430 E St. Washington, D.C.

5. HOME TELEPHONE NUMBER

NA 8-3771 EX 103

6. BUSINESS TELEPHONE NUMBER

EX 3-6115

7. BUSINESS TELEPHONE EXTENSION

EX 3229

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

SECTION III

MARITAL STATUS

1. CHECK (X) ONE:



SINGLE



MARRIED



WIDOWED



SEPARATED



DIVORCED



ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

NA

SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancé.

3. NAME

(First)

Elsie

(Middle)

Louise

(maiden)

Paul

(Last)

Wilcott

4. DATE OF MARRIAGE

9/9/55

5. PLACE OF MARRIAGE (City, State, Country)

Eagle Bay, New York USA

6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)

Cold Brook, New York USA

CODED

7. LIVING

☒

YES

☐

NO

8. DATE OF DEATH

9. CAUSE OF DEATH

NA

FOR

10. CURRENT ADDRESS (Give last address, if deceased)

2121 Virginia Ave NW, Washington 7, D.C.

QUALIFIED
DATE 15 AUG 1958

11. DATE OF BIRTH

9/9/34

12. PLACE OF BIRTH (City, State, Country)

Cold Brook, New York

13. IF BORN OUTSIDE U.S.-DATE OF ENTRY

NA

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)

USA

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION

Govern. clerk sten

19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)

20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)

2430 E St. Washington, D.C.

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 1

| | |
|---|--|
| 21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR | |
| None | |
| 22. BRANCH OF SERVICE | 23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED |
| NA | |
| 24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN | |
| None | |

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

| | | |
|---|-------------------------|-------------------------|
| 1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE |
| None | | |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| 5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| | | |
| 1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE |
| | | |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| 5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| | | |
| 1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE |
| | | |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| 5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| | | |
| 1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE |
| | | |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| 5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| | | |

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

| | | |
|--|-----|--|
| 1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? | YES | <input checked="" type="checkbox"/> NO |
| 2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE. | | |
| 3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS. | | |
| My wife also receives a salary. | | |
| 5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS. | | |
| None | | |

SECTION V CONTINUED TO PAGE 3

SECRET

SECRET

(When Filled In)

SECTION V CONTINUED FROM PAGE 2

B. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

| NAME OF INSTITUTION | ADDRESS (City, State, Country) |
|---------------------------------|--------------------------------|
| The National Bank of Washington | Washington, D. C. |
| | |
| | |
| | |

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?

YES

☒ NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI

CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP

USA

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE

☒ BIRTH☐ MARRIAGE☐ OTHER (Specify):3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? ☐ YES ☒ NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (FBI papers, etc.)

NA

SECTION VII

EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

☐ LESS THAN HIGH SCHOOL GRADUATE☐ OVER 70 YEARS OF AGE - NO DEGREE☐ HIGH SCHOOL GRADUATE☐ BACHELOR'S DEGREE☐ TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE☐ GRADUATE STUDY LEADING TO HIGHER DEGREE☒ TWO YEARS COLLEGE OR LESS☐ MASTER'S DEGREE☐ DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT | DATES ATTENDED | | DEGREE REC'D | DATE REC'D | SEM/OTR HRS. COMPLETED (Specify) |
|--|---------|----------------|---------|--------------|------------|----------------------------------|
| | | FROM | TO | | | |
| Utica College of Syracuse Univ. Utica, NY | Math | Feb. 53 | June 55 | None | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

| NAME OF SCHOOL | STUDY OR SPECIALIZATION | DATES ATTENDED | | TOTAL HOURS |
|---------------------------------|-------------------------|----------------|-----------|-------------|
| | | FROM | TO | |
| Central City Business Institute | Accounting (2 years) | Feb. 1955 | Feb. 1957 | |
| | | | | |

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

| NAME OF SCHOOL | STUDY OR SPECIALIZATION | DATES ATTENDED | | TOTAL WEEKS |
|-----------------------------|-------------------------|----------------|-----------|-------------|
| | | FROM | TO | |
| Ft. Belvoir Engineer School | electrician | April 1949 | June 1949 | 8 |
| | | | | |

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE At present taking a course at US Dept of Agr.
Title - Elementary Federal Government Accounting

SECRET

SECRET
(When Filled In)

| SECTION VIII GEOGRAPHIC AREA KNOWLEDGE | | | | | | |
|---|-------------------------------|----------------------------------|-----------------------|--------|-------|-----------------|
| 1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC. | | | | | | |
| NAME OF REGION OR COUNTRY | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF RESIDENCE, TRAVEL, ETC. | KNOWLEDGE ACQUIRED BY | | | |
| | | | RESIDENCE | TRAVEL | STUDY | WORK ASSIGNMENT |
| Okinawa | | 6/49 to 3/51 | X | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.

| NAME OF REGION OR COUNTRY | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF RESIDENCE, TRAVEL, ETC. | KNOWLEDGE ACQUIRED BY | | |
|---------------------------|-------------------------------|----------------------------------|-----------------------|------------------|----------|
| | | | MDQTS ASSIGNMENT | FIELD ASSIGNMENT | TRAINING |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| SECTION IX TYPING AND STENOGRAPHIC SKILLS | | | | |
|--|-----------------------|---|--------------|-------------|
| 1. TYPING (S.P.M.)
40 | 2. SHORTHAND (S.P.M.) | 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM | | |
| | | GREGG | SPEEDWRITING | STENOGRAPHY |
| 4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)
National Bookkeeping | | | | |

| SECTION X SPECIAL QUALIFICATIONS | |
|---|--|
| 1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH
Chess - Fair, Football - fair | |
| 2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK
US Dept of Agr. Graduate School - Elementary Federal Government Accounting | |
| 3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTHAVE RADIO, MULTILITH, TURNET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.
National Bookkeeping machines, comptometer, calculator | |
| 4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE; NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.
None | |
| 5. FIRST LICENSE OR CERTIFICATE (Year of issue) | 6. LATEST LICENSE OR CERTIFICATE (Year of issue) |

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(When Filled In)

SECTION X CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

None

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

None

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

None

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

None

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

| | | |
|---|----------------------------|--|
| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| 3/20/57 to 2/15/58 | 5 | Fiscal Div. Accounts Branch |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| None | Accounting Clerk | |
| 6. DESCRIPTION OF DUTIES | | |
| Posting of financial transactions to Allotment Ledgers | | |
| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| 2/15/58 to Present | 5 | Finance Div. Tax and Compensation Branch |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| None | Payroll Clerk | |
| 6. DESCRIPTION OF DUTIES | | |
| Preparation of payroll documents considering base and premium pay and allowances, Maintaining of leave records, Conduct liaison with area division on payroll problems Application of Agency pay regulations. | | |
| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| | | |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| | | |
| 6. DESCRIPTION OF DUTIES | | |
| | | |
| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| | | |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| | | |
| 6. DESCRIPTION OF DUTIES | | |
| | | |
| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| | | |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| | | |
| 6. DESCRIPTION OF DUTIES | | |
| | | |

(Use additional pages if required)

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5

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(When Filled In)

SECTION XII

CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.

2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE, WHO ARE NOT SELF-SUPPORTING.

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

| NAME | RELATIONSHIP | YEAR OF BIRTH | MARRIAGE | | CITIZENSHIP | ADDRESS |
|------|--------------|---------------|----------|---|-------------|---------|
| | | | M | F | | |
| None | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

I feel that my instruction at the Dept. of Agr. Graduate School is giving me a good foundation in governmental accounting and I sincerely hope it will be considered in future assignments.

RECORDED
JUN 14 10 23 AM '58

DATE COMPLETED

4/12/58

SIGNATURE OF EMPLOYEE

Samuel E. Williams

SECRET

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1124

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

| | | | |
|-------------------------|---------|------------|------------------------|
| NAME OF EMPLOYEE (Last) | (First) | (Middle) | SOCIAL SECURITY NUMBER |
| WILCOTT | JAMES | BERNARD JR | 103-24-6095 |

| | |
|---|---|
| 1. RESIDENCE DATA | |
| PLACE OF RESIDENCE WHEN INITIALLY APPOINTED
SYRACUSE, N.Y. | LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) |
| PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE
COLD BROOK, N.Y. | HOME LEAVE RESIDENCE |

| | |
|---|---|
| 2. MARITAL STATUS (Check one) | |
| <input type="checkbox"/> SINGLE | <input checked="" type="checkbox"/> MARRIED |
| <input type="checkbox"/> SEPARATED | <input type="checkbox"/> DIVORCED |
| <input type="checkbox"/> WIDOWED | <input type="checkbox"/> ANNULLED |
| IF MARRIED, PLACE OF MARRIAGE
EAGLE BAY, N.Y. | DATE OF MARRIAGE
9/7/54 |
| IF DIVORCED, PLACE OF DIVORCE DECREE | DATE OF DECREE |
| IF WIDOWED, PLACE SPOUSE DIED | DATE SPOUSE DIED |
| IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S) | |

| | | | |
|---|--|---------------|--------------------------|
| 3. MEMBERS OF FAMILY | | | |
| NAME OF SPOUSE
ELSIE LOUISE | ADDRESS (No., Street, City, Zone, State)
COLD BROOK, N.Y. | TELEPHONE NO. | |
| NAMES OF CHILDREN
STEVEN JAMES | ADDRESS
COLD BROOK, N.Y. | SEX
M. | DATE OF BIRTH
2/16/59 |
| NAME OF FATHER (Or male guardian)
JAMES BERNARD WILCOTT | ADDRESS
UNKNOWN | TELEPHONE NO. | |
| NAME OF MOTHER (Or female guardian)
ESTHER MAUD WILCOTT | ADDRESS
1510 BRINKERHOF AVE. UTICA, N.Y. | TELEPHONE NO. | |
| WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. | | | |

| | |
|---|--------------------------------|
| 4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY | |
| NAME (Mr., Mrs., Miss) (Last-First-Middle)
GERALDINE FRANCIS HOSMER | RELATIONSHIP
SISTER |
| HOME ADDRESS (No., Street, City, Zone, State)
1510 BRINKERHOF AVE. UTICA, N.Y. | HOME TELEPHONE NUMBER |
| BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE | BUSINESS TELEPHONE & EXTENSION |

| | | |
|--|-----|---|
| IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)
US ARMY | YES | |
| | NO | ✓ |
| IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) | YES | |
| | NO | ✓ |
| DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)
YES | YES | ✓ |
| | NO | |

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

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| | | |
|--|-----------------------|---|
| 8. VOLUNTARY ENTRIES | | |
| Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant. | | |
| INDICATE NAME AND ADDRESS OF BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED. | | |
| CITIZEN'S BANK OF MARYLAND
RIVERDALE, MD # 460-1-596 | | |
| HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" where is document located?) | | |
| HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address) | | |
| HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?) | | |
| 9. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS | | |
| <div style="border: 1px solid black; height: 400px; width: 100%;"></div> | | |
| SIGNED BY
Washington, D. C. | DATE
15 April 1965 | SIGNATURE
James E. Wilcott Jr.
James E. Wilcott Jr. |

CONFIDENTIAL

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE
AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I—EMPLOYEE'S STATEMENT

PART II—THIS COLUMN IS
FOR PERSONNEL OFFICE USE

| | | | | | | | | | | |
|---|-------|------------------|-----|--------------------|-------|--|--|-------------|-------|-----|
| 1. NAME (Last, first, middle initial) | | 2. DATE OF BIRTH | | 9. RETENTION GROUP | | | | | | |
| WILCOTT, JAMES BERNARD, JR. | | 27 Sept. 1931 | | | | | | | | |
| 3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.) | | | | | | | | | | |
| NAME AND LOCATION OF AGENCY | FROM— | | | TO— | | | TYPE OF APPOINTMENT IF KNOWN | 11. SERVICE | | |
| | YEAR | MONTH | DAY | YEAR | MONTH | DAY | | YEAR | MONTH | DAY |
| NONE | | | | | | | | | | |
| 4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE" | | | | | | | | | | |
| BRANCH | FROM— | | | TO— | | | DISCHARGE (Hon. or dishon.?) | | | |
| | YEAR | MONTH | DAY | YEAR | MONTH | DAY | | YEAR | MONTH | DAY |
| U. S. Army | 1948 | Dec | 13 | 1952 | Aug | 20 | Hon. | | | |
| 5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION. | | | | | | 12. TOTAL SERVICE
03-08-08 | | | | |
| TYPE IF KNOWN (ZWOP, Furl, Susp, AWOL, Mee Mar) | FROM— | | | TO— | | | 13. NONCREDITABLE SERVICE (Leave purposes only): | | | |
| | YEAR | MONTH | DAY | YEAR | MONTH | DAY | YEARS | MONTHS | DAYS | |
| | | | | | | | | | | |
| 6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(If answer is "Yes," in what agency were you employed at the time status was acquired?) | | | | | | 14. NONCREDITABLE SERVICE (RIF purposes only): | | | | |
| | | | | | | | | | | |
| 7. ARE YOU: | | | | | | 15. REEMPLOYMENT RIGHTS | | | | |
| A. THE WIFE OF A DISABLED VETERAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | |
| B. THE MOTHER OF A DECEASED OR DISABLED VETERAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | |
| C. THE UNREMARKED WIDOW OF A VETERAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | |
| 8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.
I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

4 March 1957
(DATE)

Subscribed and sworn to before me on this 4th day of March 1957 at Washington, D. C.
(MONTH) (CITY) (STATE)

S E A L

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved. | | | | | | 16. RETENTION RIGHTS
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

17. EXPIRATION DATE OF RETENTION RIGHTS | | | | |
| | | | | | | James B. Wilcott, Jr.
(SIGNATURE)

Cora E. Phillips
Appointment Clerk | | | | |

(OVER)

16-50422-8

Part III.—DETERMINATION OF COMPETITIVE STATUS. (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter S2.) Employee has a competitive status. This determination is based upon the following evidence:

| NAME OF AGENCY | SIGNATURE AND OFFICIAL TITLE | DATE |
|----------------|------------------------------|------|
| | | |
| | | |
| | | |
| | | |

*Verified
6/9/57*

PART IV.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES

| | TOTAL SERVICE
(Item 12) | NONCREDITABLE
SERVICE
(Item 13) | CREDITABLE
SERVICE
(Leave Purposes) | ENTRANCE ON
DUTY DATE
(Present Agency) | LESS CREDITABLE
SERVICE
(Leave Purposes) | SERVICE COM-
PUTATION DATE
(Leave Purposes) |
|--------|----------------------------|---------------------------------------|---|--|--|---|
| Years | 03 | / | 03 | 57 | 03 | 53 |
| Months | 08 | / | 08 | 03 | 08 | 06 |
| Days | 08 | / | 08 | 04 | 08 | 26 |

PART V.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES. (Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.)

| | TOTAL SERVICE
(Item 12) | NONCREDITABLE
SERVICE
(Item 14) | CREDITABLE
SERVICE
(RIF Purposes) | ENTRANCE ON
DUTY DATE
(Present Agency) | LESS CREDITABLE
SERVICE
(RIF Purposes) | SERVICE COM-
PUTATION DATE*
(RIF Purposes) |
|--------|----------------------------|---------------------------------------|---|--|--|--|
| Years | | | | | | |
| Months | | | | | | |
| Days | | | | | | |

* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7

REMARKS:

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(When Filled In)

SECURITY APPROVAL

DATE : 20 November 1965
YOUR
REFERENCE: Memorandum dated 18 November 1965
CASE NO. : 109301

TO : Director of Personnel

ATTN :

SUBJECT : WILCOTT, James B., Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.
3. As part of the entrance on duty processing:

☐ A personal interview in the Office of Security must be arranged.

☒ A personal interview is not necessary.

☐ Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.

4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

Steven L. Kuhn
Steven L. Kuhn
Chief, Personnel Security Division

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STAFF AGENT CLEARANCE

DATE : 19 April 1965

YOUR REFERENCE: 32273

CASE NO. : #109301

TO : Chief, Contract Personnel Division

ATTN. : Staff Agents Branch

SUBJECT : ~~XXXXXXXXXXXXXXXXXXXX~~ Hillett, James B

1. This is to advise that a security clearance is granted for the employment of the Subject as a Staff Agent, GS-07, by DDP/WH in the capacity of

Fiscal Acct. Asst., at JMWAVE.

2. If your office should desire at a later date to change the status or use of the Subject, a request to cover any proposed change should be submitted to this office.

3. Unless arrangements are made within 60 days for entrance on duty within 120 days, this Approval becomes invalid.

4. As a part of entrance on duty processing:

☐ A personal interview in the Office of Security must be arranged by your office.

☒ A personal interview is not necessary.

☐

W. A. Osburn

W. A. Osburn
CHIEF, PERSONNEL SECURITY DIVISION, GS



JAMES B. WILCOTT JR.
MAR 57

NEIL F. DOHERTY

PERSONAL HISTORY STATEMENT

I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances as to the same, to the best of my knowledge and belief, and I am not aware of any other facts or circumstances which would tend to make the foregoing statement false or misleading in any material particular.

STATE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS?

YES, I DO. I HAVE READ AND UNDERSTAND THE INSTRUCTIONS.

DATE: 11/11/57

SIGNATURE: [Signature]

PRINTED NAME: NEIL F. DOHERTY

DATE OF BIRTH: 11/11/1911

PLACE OF BIRTH: [Location]

EDUCATION: [Education]

EMPLOYMENT: [Employment]

RESIDENCE: [Residence]

RELIGION: [Religion]

POLITICAL AFFILIATION: [Political Affiliation]

CRIMINAL RECORD: [Criminal Record]

OTHER INFORMATION: [Other Information]

DATE OF INTERVIEW: [Date of Interview]

INTERVIEWER: [Interviewer]

WITNESSES: [Witnesses]

DATE OF SIGNATURE: [Date of Signature]

SIGNATURE: [Signature]

PRINTED NAME: [Printed Name]

DATE OF BIRTH: [Date of Birth]

PLACE OF BIRTH: [Place of Birth]

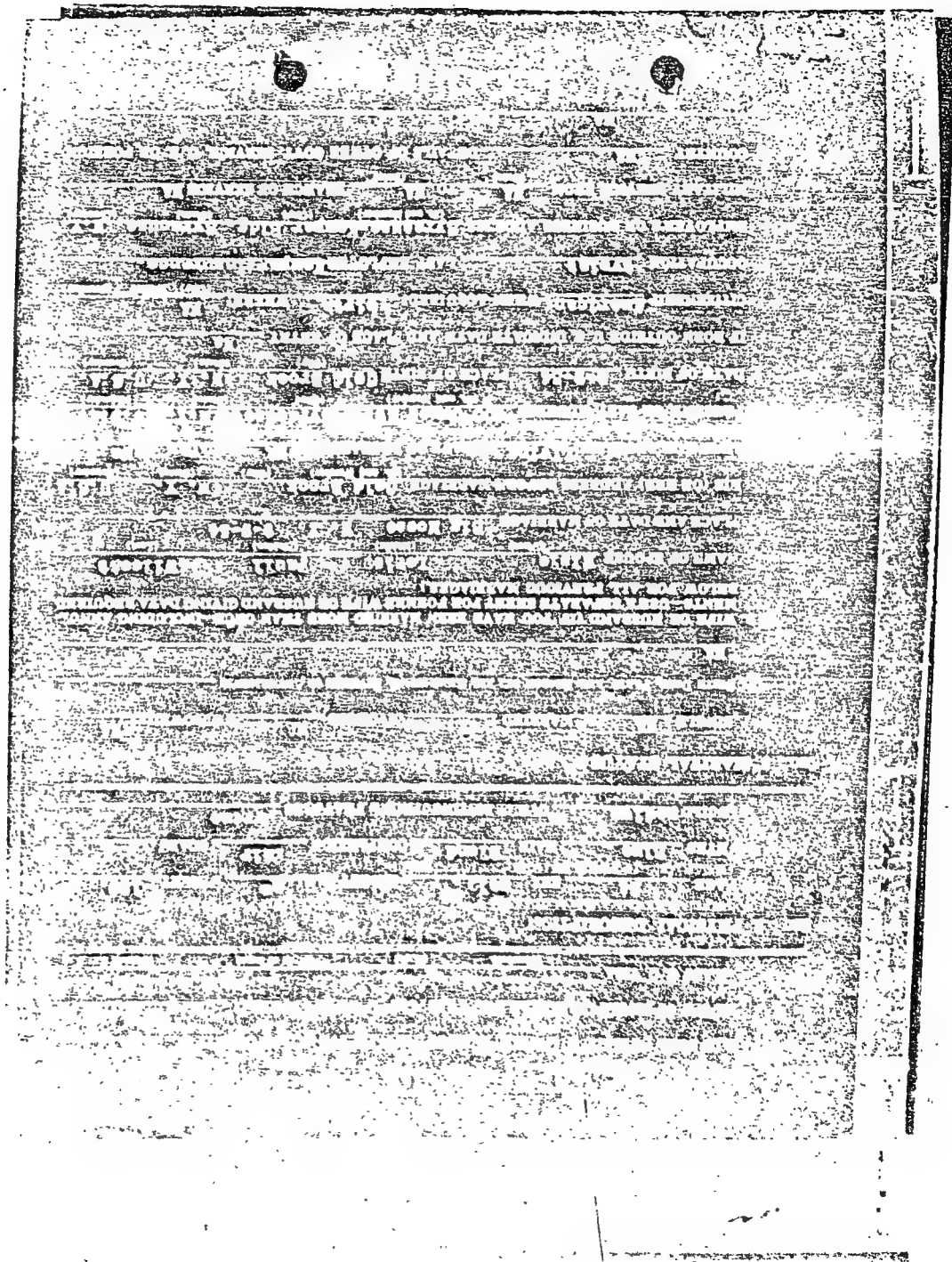
EDUCATION: [Education]

EMPLOYMENT: [Employment]

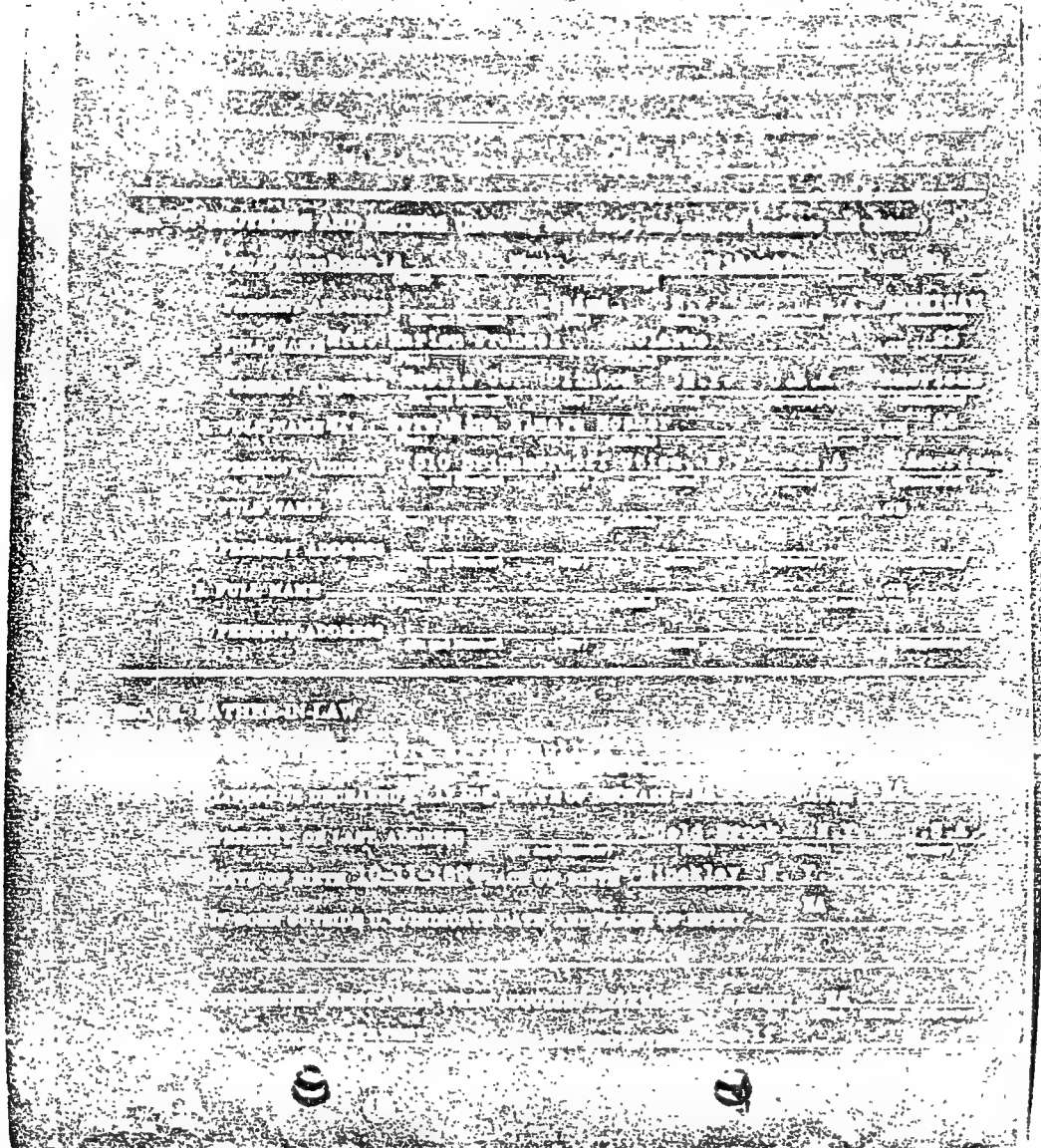
RESIDENCE: [Residence]

RELIGION: [Religion]

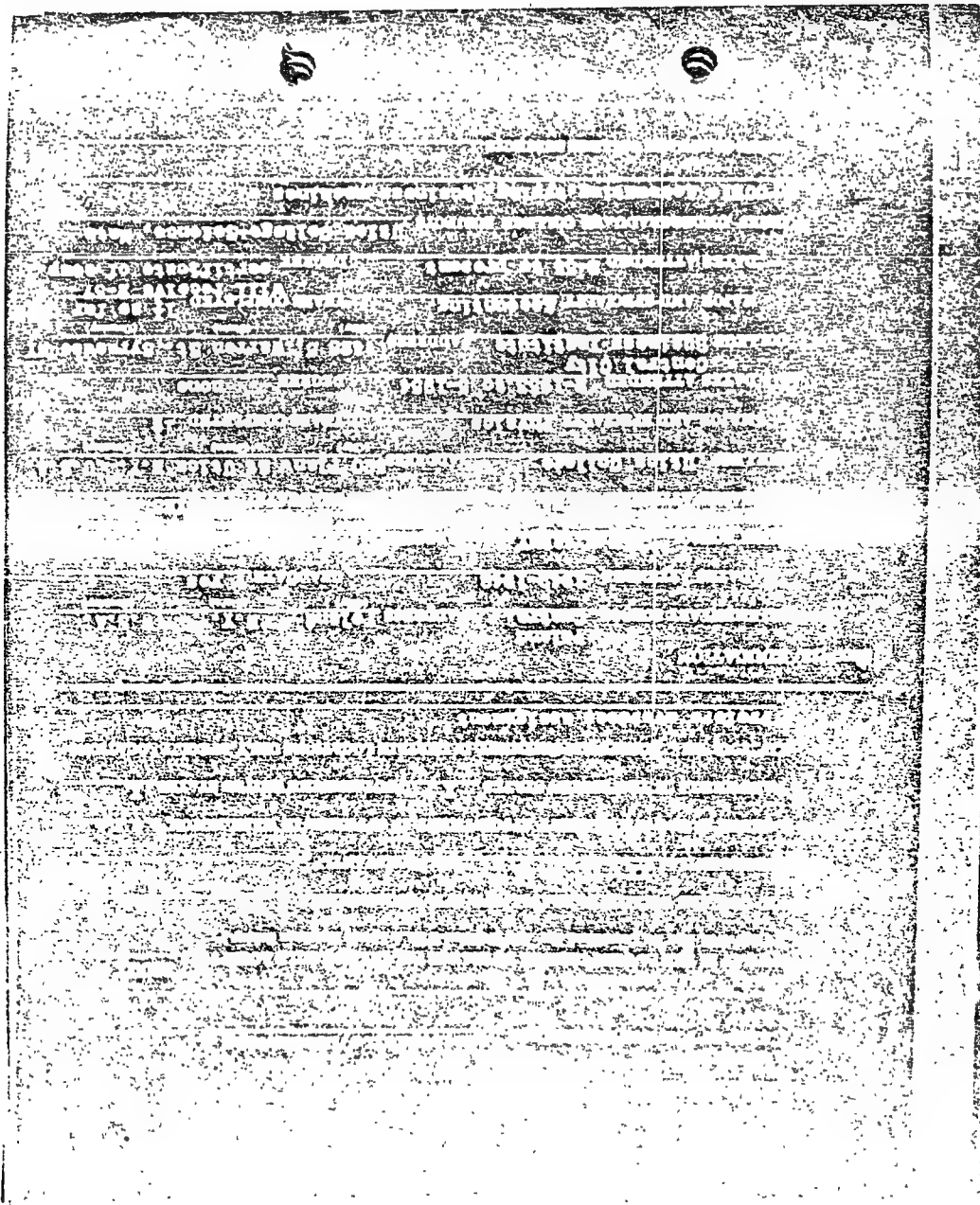
POLITICAL AFFILIATION: [Political Affiliation]



[illegible]



| UNITED STATES DEPARTMENT OF JUSTICE | |
|---|--------|
| FEDERAL BUREAU OF INVESTIGATION | |
| REPORT OF | DATE |
| SA [Name] | [Date] |
| TO DIRECTOR, FBI | |
| SUBJECT: [Subject] | |
| REFERENCE: [Reference] | |
| [Main body of the report containing several paragraphs of text, mostly illegible due to heavy noise and grain in the scan.] | |
| [Additional paragraphs of text, also illegible.] | |
| [Final paragraph of text, illegible.] | |
| [Signature line] | |
| [Initials] | |
| [Date] | |



1. NAME (Last, First, Middle Initial)
2. DATE OF BIRTH (Month/Day/Year)
3. PLACE OF BIRTH (City, State, Country)
4. CURRENT ADDRESS (Street, City, State, Zip)
5. SOCIAL SECURITY NUMBER
6. MARITAL STATUS (Single, Married, Divorced, Widowed)
7. OCCUPATION (Job Title)
8. EDUCATION (Highest Degree)
9. MILITARY SERVICE (Branch, Service Number, Dates)
10. CRIMINAL RECORD (List offenses and dates)
11. FINANCIAL RECORD (List banks, accounts, loans)
12. EMPLOYMENT HISTORY (List employers, dates, positions)
13. TRAVEL HISTORY (List countries, dates, purposes)
14. CONTACT INFORMATION (Phone, Email, Relatives)
15. SIGNATURE (Handwritten name)
16. DATE (Month/Day/Year)

1. The first section of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for ensuring that all parties involved are held accountable.

2. The second section outlines the specific procedures for recording transactions. It details the steps that must be followed, from the initial entry of the transaction into the system to the final review and approval. This section also addresses the importance of double-checking entries to prevent errors.

3. The third section discusses the role of the auditor in verifying the accuracy of the records. It explains how the auditor will review the entries and ensure that they comply with the established procedures. This section also highlights the importance of transparency and the need for all transactions to be properly documented.

4. The fourth section provides a summary of the key points discussed in the document. It reiterates the importance of accurate record-keeping and the need for strict adherence to the established procedures. It also expresses confidence that the system will operate smoothly and that all transactions will be properly recorded.

5. The fifth section concludes the document with a statement of intent. It expresses the commitment to maintaining the highest standards of accuracy and integrity in all financial transactions. It also invites all parties involved to work together to ensure the success of the system.

NAME: James B. Wilcott Jr.

DATE: Mar 57

1. HAVE YOU EVER BEEN CONSIDERED A PERSON OF INTEREST?
YES ☐ NO ☒

2. HAVE YOU EVER BEEN CONSIDERED A PERSON OF INTEREST?
YES ☐ NO ☒

3. DESIRE TO EXPLAIN: GIVE DETAILS:
NO

4. GENERAL QUALIFICATIONS:
EDUCATION: High School Graduate
MILITARY: None
CIVILIAN: None
ACTIVITY: None
REMARKS: None
SIGNATURE: James B. Wilcott Jr.
TITLE: None
ORGANIZATION: None
ADDRESS: None
CITY: None
STATE: None
ZIP: None
TELEPHONE: None
FAX: None
E-MAIL: None
OTHER: None

5. COMMENTS:
None

6. SIGNATURE:
James B. Wilcott Jr.

7. TITLE:
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8. ORGANIZATION:
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9. ADDRESS:
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10. CITY:
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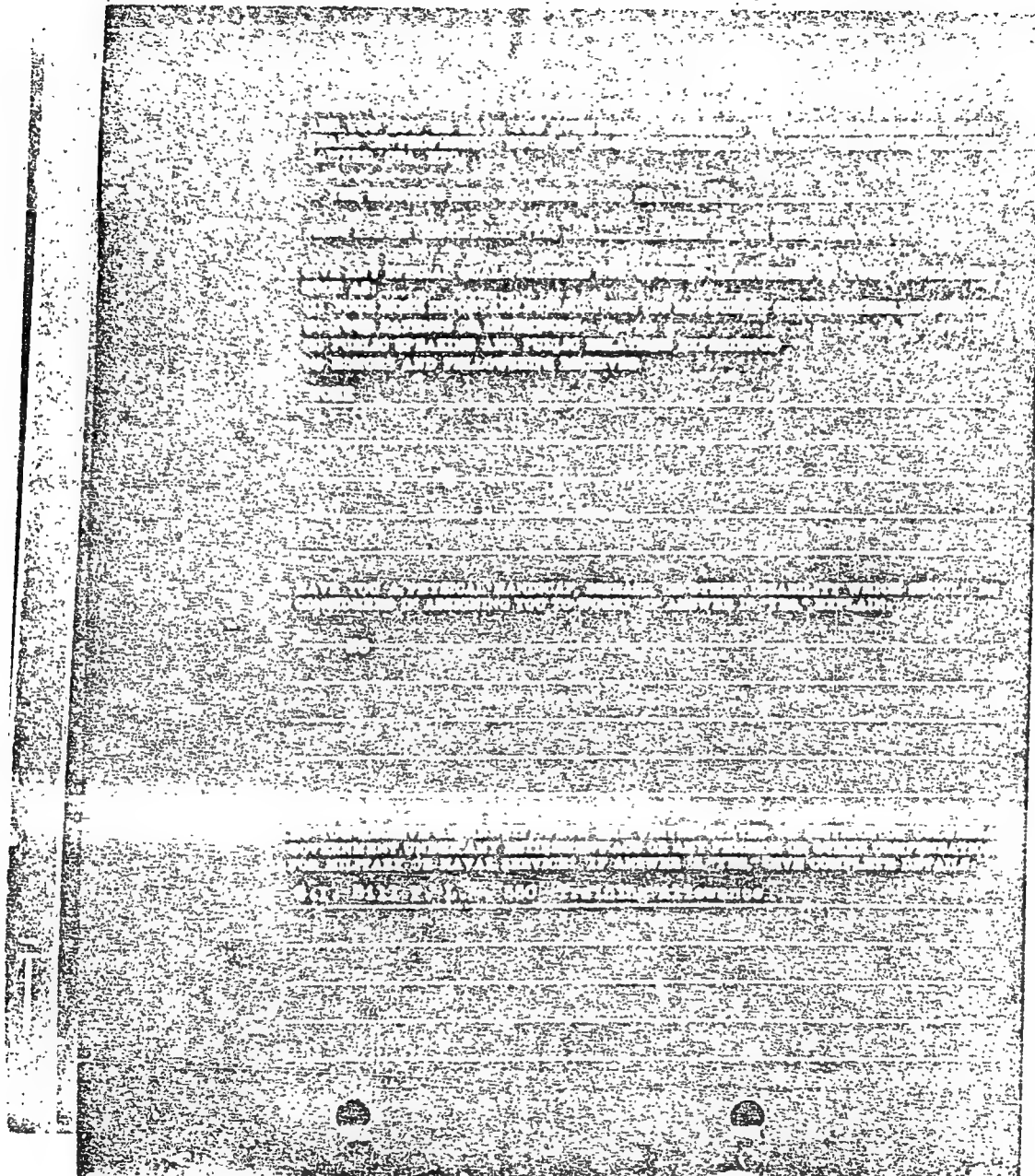
639. ZIP:
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| PERSONAL DATA | |
|-----------------------------------|---------------|
| NAME | DATE OF BIRTH |
| JOHN DOE | 12/15/1925 |
| ADDRESS | |
| 123 MAIN ST, NEW YORK, NY 10001 | |
| OCCUPATION | |
| ENGINEER | |
| EDUCATION | |
| B.S. MECHANICAL ENGINEERING, 1948 | |
| MARRIAGE | |
| MARRIED 1950 | |
| CHILDREN | |
| ONE | |
| MILITARY SERVICE | |
| NONE | |
| RELIGION | |
| CATHOLIC | |
| POLITICAL AFFILIATION | |
| DEMOCRATIC | |
| SOCIAL SECURITY NUMBER | |
| 123-45-6789 | |
| FINGERPRINTS | |
| TAKEN 1955 | |
| PHOTOGRAPH | |
| TAKEN 1955 | |
| SIGNATURE | |
| JOHN DOE | |
| DATE | |
| 1955 | |
| OFFICIAL | |
| J. SMITH | |
| TITLE | |
| AGENT | |
| AGENCY | |
| FBI NEW YORK | |
| REMARKS | |
| ROUTED TO NEW YORK OFFICE | |

JAMES B WILCOTT JR
MAR 67

CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 9 November 1956

TO: Chief, Records & Services Division
Personnel Office
FROM: Chief, Security Division
Personnel
SUBJECT: WILCOTT, James Bernard, Jr.

Your Reference: C-5841 Compt.

Case Number: 109301

1. This is to advise you of security action in the subject case as indicated below:

- ☒ Security approval is granted the subject person for access to classified information.
- ☐ Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
- ☐ The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is to be polygraphed as part of EOD procedures.

W. M. Knott
W. M. Knott
W

(Black A. Brown)
11-15-56

CONFIDENTIAL